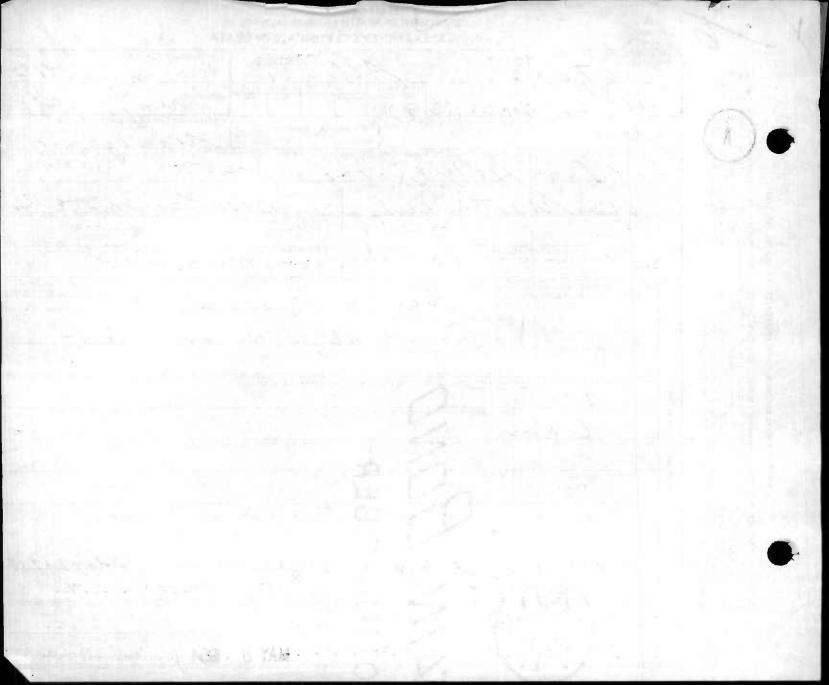
20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 9 9 0

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR					
Emma	5.0	Allison	05 -	22-84 04 45 M					
3. SEX Female	Caucasian	5. Date of Birth November 3, 1889	6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS					
7a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH					
Pennsylvania	United States	WIDOWED DIVORCED	Montgomery Cou	inty MD.					
Rockville	Should Grove	. Adventist Hospi	HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOME)						
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COU Maryland Mont		ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? CSburg YES A NO	9900 Tambay Cou	irt, 20879 Gaithersburg					
John	J. Crone	15. MOTHER'S MAIDEN I	NAME	Rumberger					
160. WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  (IF YES, O	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 215-46-3		ADDRESS Zook (same as ite	em #13)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN) JURY OCCURRED  MILLE NOTIFY MEDICAL EXAMINE ALWORK ALWORK ALWORK ALWORK ALWORK 22a.1 certify that (1) (this host	19b. CONDITION FOR WHICE  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	UENCE OF  DEATH BUT NOT RELATED TO THE TE  H OPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCC  STREET	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO 8. PART 1 OR PART 2)  COUNTY STATE					
226. PHYSICIAN'S NAME TIPE  Stephen J. Net		DEGREE ATTENDING PHYSICIAN 220. ADDRESS		STZZ 64					
23a. BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE					
Removal	May 22, 1984 L	inden Memorial Cen	ne. Lewistown Miff	flin Pansylvania					

DHMH - 16 50M 4/82

(VRA 15, 4)

74 FUNERAL DIRECTO Robert A. Pumphrey DEnuneral Homes, PA

300 W. Montgomery Ave, Rockville, Maryland 20850 AV

May 22, 1984 Linden Memorial Ceme. Lewistown Mifflin Pennsylvania

4 Ph. 18 28 - 30 - 1 They have heading they don't have The state of the state of the THE SALE NOTE TO PERSON AND THE PARTY OF THE the state of the s errania deservada del più associa Della pratyred and mean for the east of the TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Illied in by should be detached far use as the burial-transit permit. Then please remove carbanpaers. Pages 1 and 2 should be tile with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, ar other traumotic event, the

MPORTANT: If them 21 is marked ar them 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	, , ,	•
1. DECEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
( TOE ON PRINT)	Anr	a F1	orence		ARNOLD	May	22,	1984	1:50am
3. SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female		Whit	e	MONIF	2 4 19		65 YRS		
To. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D T NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
Ireland		U.S.	Α.	WIDOWE		Montgo	mery	County	MD.
10. CITY OR TOWN OF	DEATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME C	or other Institution  1 Hospital	TION TOF WORKING	12b. KIND (	OF BUSINESS OR	
Olney OSUAL RESIDENCE (IF N	IURSING HOME O		-		I mospical	Homemak	er		
Maryland	13b. COU	tgomery	Boyds	N	136. INSIDE CITY LIMITS?	13e. STREET ADDRES 21811 C		sbu <b>r</b> g F	Rd.20841
14. FATHER'S NAME FIRST		MIDDLE	Pereac	777	15. MOTHER'S MAIDEN NA FIRST  LUCV	MIDDLE V.		Mat	
16g. WAS DECEASED EV	FRINUS A	RMED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADI	RESS		
(YES, NO OR UNKNOWN)		VE WAR OR DATES)		/2273		21811 cnold, Bo	Clar yds,		Road 20841
gove rise to couse (a), st underlying co									(0
19a. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES	
	CAUSE OF D			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART 1 OR PART 2)	
OR CONTRIBUTING  (IF EITHER, NOTIFY)  21d. INJURY OCC  WHILE NO AT WORK AT	URRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
sow the dec above, (1) (w	eased alive a	17 / A	ofted death.	24.0	nd that in (viy) (aux) opinion	death occurred on the	date and h		
22b. SIQUATORE	-ld	8 30	Lillon	us	DEGREE  ATTENDING PHYSICIAN 1	MEDICAL S' DIRECTOR PHY	TAFF SICIAN [	12. DAII	May 84
224. PHYSICIAN'S	NAME (TYPE	OR PRINT)			220. ADDRESS				
		LLON,M.D			2901 Olney		ng Rd	. Olney	Md.20832
23a. BURIAL, CREMATIC (SPECIFY)	N, REMOVA	L 23b. DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Buri	a1	5/24,	/84 Re	estha	ven Mem. Ga	ar Freder	ick,	Freder:	Lck, Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

BP

24. FUNERAL DIRECTOR G.Douglas

FOR

1621 Opossumtown Pike Stauffer, Frederick, Md. 21701

completely filled in by the funeral directors. I and 2 shauld be filed within 72 haurs af

FOR 1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3	9	9	2
3		4		

	RE	GISTRAR				CERTIF	ICATE OF L	DEATH		REG. N	10.				
	1. DECEA	SED NAME	FRANCES		M.		IRAN			OF DEATH 13, 19		DAY		7:3	ля 8р. <sub>м</sub>
	3. SEX	ale		4. RACE Whi		5. DATE C		1913	6 AGE (	N YEARS LAST BI	RTHDAY)	MONTHS	I YEAR	IF UNDER	
						Мау	10,	1913		71	YRS.				
1	COUR		ATE OR FOREIGN	U.S.	what country? $A_ullet$	MARRIE WIDOWE	D NEVER /	MARRIED		gomery			IH		MD.
1		or town o	)F DEATH		HOSPITAL, NURSING HEACHTY, GIVE STREET A				LTYPE OF W	OCCUPAT ORK FOR MOST O Emaker	OF WORKING I	IFE) INDU		F BUSINI	ESS OR
1	Mary	land	136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI ROCKVIL	N	13d. INSIDE C	NO 🗌	6121	T ADDRESS Montr			(20	0852	)
1	110	anley	D	avid	Becker			s maiden na/	WE	WIDDLE			ege]		
		DECEASED	EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA				Śilve				
	NO	)			215-36-49	912	Jeffre	y Capla	an; 1	6133 C	Cheste				
	18.	CAUSE OF	DEATH (Enter of	nly one cause per	line far (a), (b), and									MATE INTE	DEATH
	1 1	1111		TE CAUSE (a)	Cardiac	Arre	st		_				5 m	in.	
	1 1	446	29	DUE TO, O	r as a conseque	NCE OF									
			f any, which	(b)	Chronic	Rena	l Fail	ire					2 <u>y</u> ı	cs.	
	0	ause lal,	stating the	DUE TO, O	r as a conseque	NCE OF									
	-	nderlying	cause lost.	(c)	Atheros	clero	sis					2	0 yı	rs.	
	NOITA 190	ART 2 OTHE	RSIGNIFICANT	CONDITIONS <u>C</u>	ontributing to d	EATH BUT	NOT RELATED	TO THE TERM	inal dise	ASE OR CON	IDITION G	IVEN IN P	ART Ira		
7	FICAT	DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED		ITOPSY?	IN CERT	S, WERE		OF DEA	TH?
	SERTIFIC SERTIFICATION OF THE PROPERTY OF THE	ACCIDENTS !	AS UNDERLYING [	7 216 TIME C	VE INTITION		121. HOW/15	LILIBY OCCUPE	YES L	NO		ES		ио [	
ř.			G CAUSE OF DE			Y YEAR	ZIL HOW IN	JURY OCCURE	CD (ENTER	NATURE OF INJU	JKA IN ILEW 18	PART I OR P	ART 2)		

P.M

AT HOME STREET FACTORY OFFICE FARM ETC.)

21e PLACE OF INJURY

Jan.

211 LOCATION

CITY OR TOWN

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

COUNTY

STATE

saw the deceased alive an 27h SIGNATUR

220.1 certify that (1) (this haspital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN

22c DATE SIGNED 5/14/84

22e ADDRESS

STEPHEN HELLMAN, M.D.

6246 Montrose Road; Rockville, Maryland

23a BURIAL, CREMATION, REMOVAL BURTAT

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

23b. DATE

King David Memorial

Gdn.; Falls Church; Fairfax; Va.

DHMH - 16 50M 4/83

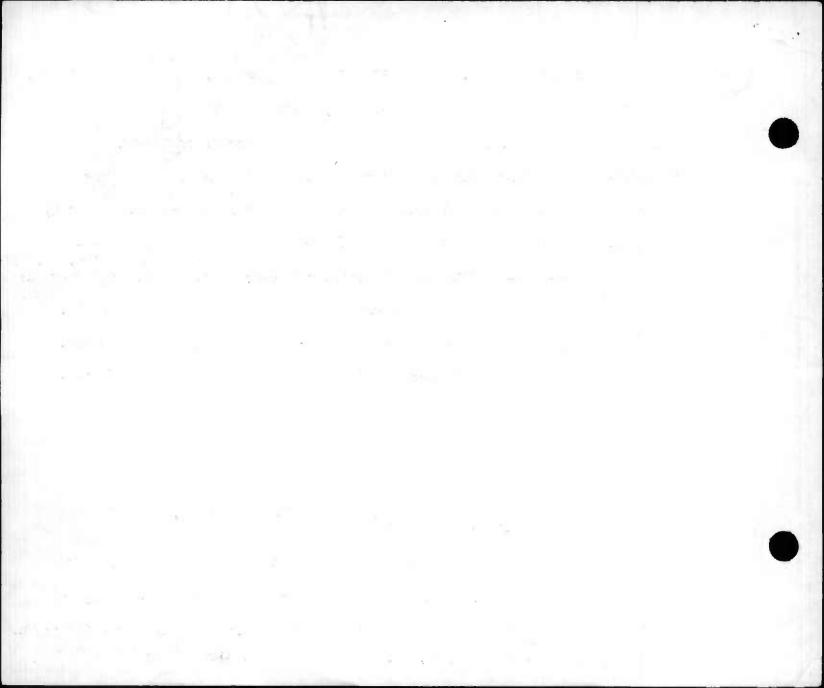
After this certificate has be

O FUNERAL DIRECTOR.

util be detoch the Stote De

DRIANT

5/15/84 King D DANZANSKY-GOLDBERG MEMORI 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

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2	n )	
	B /	

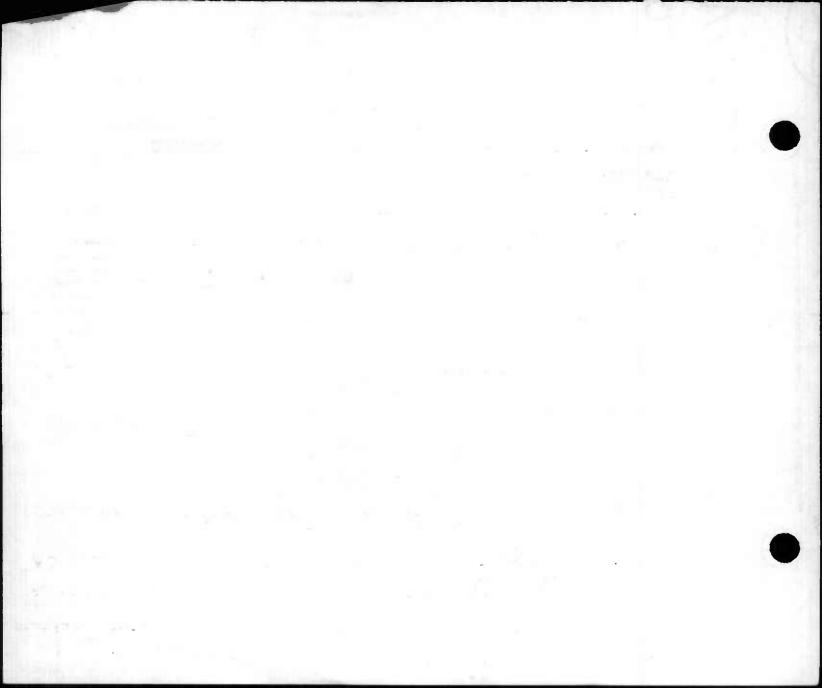
DEPARTMENT OF HEALTH AND

STATE OF MARYLAND

MENTAL HYGIENE DEATH	4		5	7	7	
	RI	EG. NO.				

1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	MIDDLE	a	AST V	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Emm			AKer		5 22	34	4:15M
3 SE	× 7	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)  IF UN  MONT	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
/	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Vash D C	76 CITIZEN OF WHAT COUNTRY  USA	Y? 8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	MD
10. ⊂		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE POTOMAC VALLEY	SING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemak	F WORKING LIFE)	KIND O NDUSTRY	F BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3631 HJ	ZIP CODE	99 Dri	499 ve , SE
14. EA	ATHER'S NAME FIRST Charles	E. Speic	den	15. MOTHER'S MAIDEN NA/ FIRST Emma	ME MIDDLE F	,	Scot	t
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SEG	CURITY NO.	17 INFORMANT Doris Whitn		Rockvi	lle,	Md.
	<del></del>	ly one couse per line for (o), (b),					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (a)						164
	Conditions, if ony, which		/	des				
	gove rise to immediate couse (a), stating the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF CONSEQUE							
NO NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	V PART II	
CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO 🏋	20b. IF YES, WE IN CERTIFYING	CAUSES	
er	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) think (did no	1100 - 19		nd that in (my) (aur) opinion of	. 10	ote and hour and		that (I) ( <del>we)</del> last causes stated
	22b. SIGNATURE	Mh		DEGREE ATTENDING PHYSICIAN D	MEDICAL STA ■ DIRECTOR   PHYSIC		22c. DATE	SIGNED 22-84
	Sid hus		M.D_	121 Congress	ional Lane,	Rochville	e, Md.	20852
23a I	BURIAL, CREMATION, REMOVAL ISPECIEY) Burial	5-25-84	Cedar	EMETERY OR CREMATORY Hill Cem.	23d LOCATION Suitlar			
24 F	UNERAL DIRECTOR Robt Funeral Home	E Wilhelm Rd., Sui	4308 S tland,	Md. MAY 31	1984 Juna	A REGISTRA	- FICALIE	RE

DHMH - 16 50M 4/83 (VRA 15, 4)



		FOR
1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 4

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١		EGISTRAR				CERTIF	ICATE OF D	ATH	RI	EG. NO.			
	I. DECE	ASED NAME C	A ROL	INE	P.	BA	DWil	J	2a. DATE OF DEA	TH MONTH	j4	84	26 HOUR 0632
1	Jan 1976	emale		i. RACE Caucas	ian	5. DATE O		98	6. AGE (IN YEARS)	YF	MONTH		IF UNDER 24 HRS HOURS MIN.
?		HPLACE INTERIOR			WHAT COUNTRY?  States	1110015	D NEVER M	ORCED	Montgo	mery			MD.
2	lo	Court	1	Shady G	HOSPITAL, NURSIN HEACILITY, GIVE STREET	Penth.	Dry adi	entist	USUAL OCC ITYPE OF WORK FOR HOM	UPATION MOST OF WORKIF Lemake	NG LIFE)	Own	Home
7	Mai	residence (# NURS	Mont	gomery	Give RESIDENCE BEFOR  130. CUTY OR TOW  Gaither	sbur		_	403 Ru	ssell	Av	enue	/20877
		Frank	A	NDDLE	Smith		Fan	nie		DDLE	L	inte	rn
	No.	S DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECT 215-58-		Carol		awyer B	032 C ethes	hat:	MD	th Lane 20814
	P	Conditions if any gave rise to immediate to sense the immediate to immediate to the sense to the	Which which hadian	DUE TO, O  DUE TO, O  DUE TO, O  (c)  ONDITIONS CO	Cardia RAS A CONSEOU Proba RAS A CONSEQU STOCK	ENCE OF	hypz frac	ture	NAL DISEASE OR	CONDITION	I GIVEN II	3 12 4	min hrs.
7	CERTIFICATION	E DATE OF OPERA	ngel D	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY	? 20b. II	F YES, WE RTIFYING YES	G CAUSES	NGS USED OF DEATH? NO
	MEDICAL	10. ACCIDENT WAS UNITOR CONTRIBUTING (FETHER NOTIFY MEDITY OF THE PROPERTY OF	CAUSE OF DEAT CALEXAMINER) RED (this hospit	P.  21e PLACE (AT HOME, STI	M. MONTH D M.  OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	21f. LOCATIO STREET	., 19	, to	Y OR TOWN	, 19 I hour ond	COUNTY	
	7	James	(TYPE &	10.	ore Ji		22e. ADDRESS		MEDICAL DIRECTOR F	Gai	1.	5- 0641	74-84
	(SP	RIAL, CREMATION, ECBurial		17, 1	984 Ce	edar	EMETERY OR C	emete	23d LOCATIO	itland	1 M	ary1	and
		mes, P.A			mphrey Maryl			250 DATE	2 1 198	4 frena	Jan A	A SHENK	URE LIKE

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTAND

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FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR				CEF	RTIFIC	CATE OF D	EATH	8	REG. NO.	3	7 7	
	CEASED NAME OR PRINT)	hon	nas	AIDDLE .	B	ak	dwir	2	2a. DAT	E OF DEATH M	5-3	-8A	The Hour Am
3. SE	(	4	RACE			ATE OF		. VCAD		IN YEARS LAST BIRTH		UNDER I YEAR	HOURS MIN.
	Ma1e		Cauca	sian	No	ove	mber	4 °191	1 14	69	YRS.		Medical Might
	RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COU	NTRY? 8.	RRIED	X NEVER A	AARRIED 🗆	9 BALT	MORE CITY OR	COUNTYO	FDEATH	241
	Iowa	Ţ	Jnited		tes	OWED	Dr.	VORCED [	[]	ontae	me	NC	TY MD.
B	TY OR TOWN OF DEA	TH 1			URSING HO		OTHER INST	I TOTAL	TYPE OF	WORK FOR MOST OF VALCE Pla	N WORKING LIFE)	INDLISTRY	lding
USU	AL RESIDENCE (IF NURSI			GIVE RESIDENC	E BEFORE ADMISS	SION)	COP.	rai					Turing .
	aryland	Mont	gomery	Bet	nesda		YES X	NO 🗌		ET ADDRESS / Ryla	nd Di	cive	20817
14. F.A	THER'S NAME FIRST	M	DDLE	LA.	ST.		15. MOTHER'S		AME	MIDDLE		, LAS	SI.
	Harry		В	aldw:	in		Hat	tie				reric	hs
	VAS DECEASED EVER I		ED FORCES? WAR OR DATES)		L SECURITY N		17. INFORMA		Wife	ADDRES	S		10000
	Yes	WWI		577	40 39	06	Cathe	rine	K. ]	Baldwin	Sar	ne as	13e
	18. CAUSE OF DEATH PART I. DEATH W.  4/0 C  Conditions, if any,	AS CAUSED IMMEDIATE	BY: CAUSE (o)	170	SEQUENCE	of	hyo	coy	dia	1 In	rent	BETWEEN:	hr
	gove rise to imm couse (o), stoting underlying couse  PART_2_OTHER SIGN	nediote g the lost.	DUE 10, OF	Fel-	SEQUENCE	on	rech	274	wil !	2550e	uten		hr
NO	ttense	vter	200	Can	O CAN	2	ala	1	Sech	EASE OR COIND	ITION GIVEN	IN PART III	u ·
CERTIFICATION	194 DATE OF DELRAT	ION	196 CONDI	TION FOR V	VHICH OPER	ATION	WAS PERFO				20b. IF YES, V IN CERTIFY II YES		NGS USED S OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.I	M. MONT	H DAY Y	EAR 19	21c HOW IN	JURY OCCUI	RRED (ENT	ER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
MED	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ILE 🖂	(AT HOME, STR		OFFICE, FARM, ET	(C)	211 LOCATIO	ON		CITY OR TOW	N	COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we)			4 2 0	from 44			(our) opinion	n death occ	urred on the date	e and hour o	nd from the	
	226. PHYSICIAN'S NA	tue	A 82	dty	2		EGREE A		MEDIC DIREC	CAL STAFF		May.	3/984
				M D					22000	r D1124	Nonth	Po	though.
22- 5	G. Stua		ott,		1 22. NIAAAE	OF CE	6320 METERY OR G			B1Vd.	MOLCI	і, ве	thesda
	Crema		23b. DATE Ma 4, 198	34			litan			Y Alex	andri	a Vi	rginia

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and camplete should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

njury, or other traumatic event, the

8

MPORTANT: If Item 21 is marked or Item

P.A., Bethesda, Maryland 24 FUNERAL DIRECTOR Homes.

REGISTRAR 236 REGISTRAR'S SIGNATURELOR

BELLEVILLE OF THE PROPERTY OF the I somewhat always our your is the property of the same of the same of the THE REST OF THE PARTY OF THE PA But and a realisance I/A vertice of TO THE RESERVE OF THE

### STATE OF MARYLAND

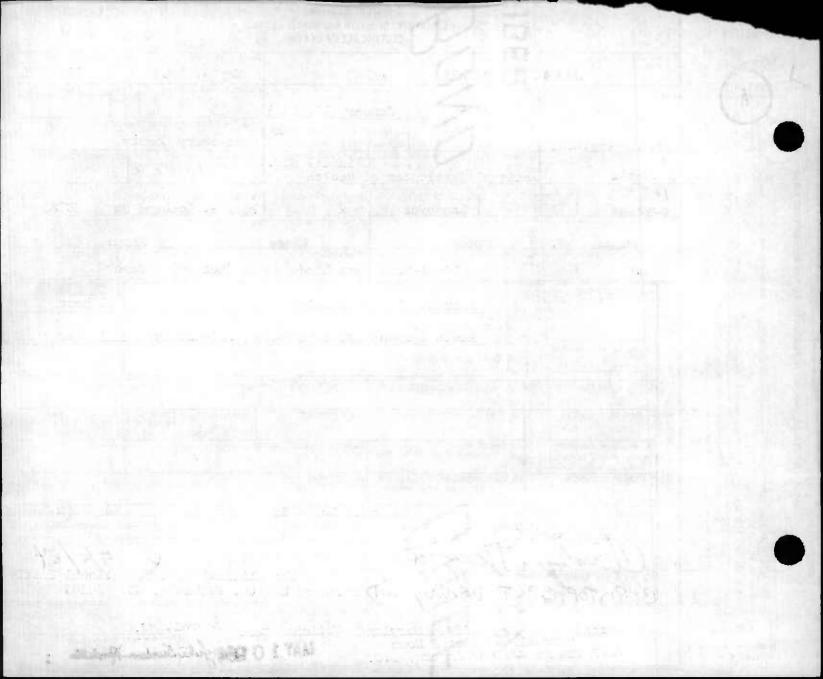
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

de	1	3	9	9	6
	REG. NO.				

•	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST		MIDDLE		AST	2a DATE OF DEATH		DAY YEAR	2b. HOUR
[146	PE OR PRINT) RICARDO	) P1	REARS	BA	NKS	May 4, 1	.984		L1:45PM
1. SE	EX	I. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Ne	egro	Jan	uary 18, 1971	13	YRS	MONINS DATS	HOURS MIN.
a. B	BIRTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED K	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
W	ashington, D.C.	USA	4	WIDOW	_	Montgomery	Coun	ty,	М
	CITY OR TOWN OF DEATH	1. NAME OF I	HOSPITAL, NURSING	HOME C	Clinical Ctr.	12a USUAL OCCUPAT			F BUSINESS O
3e	thesda /		l Institut			(TITEO WORK TOWNSON	J. 11 O	1,1003111	
JSU 30.	JAL RESIDENCE (IF NURSING HOME OR C STATE 130 COUN		GIVE RESIDENCE BEFORE A	DMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
1a	ryland	6-1	Landover		YES 🛣 NO 🗌	7010 E. Lo			20785
F	ATHER'S NAME	MDDLF	IAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ī
	Ruben H.		anks		Linda			lenn	
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDR			
	no little state	WAR OR DAILS)	216-04-0	858	Mrs Linda Ba	nks (Mother	s) S	ame	200
=	18 CAUSE OF DEATH (Enter only	y ane cause per	line for (a), (b), and	(c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: CAUSE (a)			ypotension			1 h	our
MIN	PART 2 OTHER SIGNIFICANT CO				NOT RELATED TO THE TERM	200 AUTOPSY?		S, WERE FINDI	20
CERTIFICATION	L DATE OF OPERATION	198. COND	HON FOR WHICH C	PERATIC	WAS PERFORMED	YES NOX		YING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	21b. TIME C	OF INJURY	YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
3	(IF EITHER NOTIFY MEDICAL EXAMINER)		M.	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	MHILE NOT WHILE AT WORK							0.7	
	22a.1 certify that (I) (this haspit	al) attended th	ne deceased from			May 4.			
	22a.1 certify that (I) (this haspit saw the decrased alive or above. 14 [well (did) (where	May 4	19_84		nd that in 🌃 (aur) apinian a		ate and hou	or and from the	causes stated
	22a.1 certify that (I) (this haspit	May 4	19_84		nd that in XXX) (our) apinion of DEGREE  ATTENDING	MEDICAL STA	FF		causes stated
	220.1 certify that (I) (this hospit saw the deceased alive on above. It live   (did ) identity   125 GG   189	May 4	19_84		nd that in XX) (our) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	22c. DATE	SIGNISO 1
	22a.1 certify that (I) (this haspit saw the decrased alive or above. 14 [well (did) (where	May 4	19_84		nd that in XX) (our) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	enter,	22c. DATE 5/5 Nation	SIGNED Tal Ins
la.	220.1 certify that (I) (this hospit saw the deceased alive on above. It live   (did ) identity   125 GG   189	May 4	DENNY	> uit	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS  The	MEDICAL STA DIRECTOR PHYSIC Clinical Co 1th, Bethes	enter,	22c. DATE 5/5 Nation	SIGNED That Ins
	22a.1 certify that (1) (this hospit tow the deceased alive or above. If Iwel (did) identify the Physician's Name West CHRISTOPHUS  BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	Devey 23 No.	AME OF C	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS The tutes of Hea  EMETERY OR CREMATORY  7. National	MEDICAL STA DIRECTOR PHYSIC Clinical Co 1th, Bethes  133d LOCATION CITY OR TOWN Laure	enter, sda, M	varion the 222. DATE 5/5 Nation 202	significant in signif
	220.1 certify that (1) (this hospit tow the deceased alive or above. It live   (did ) idelegates the PHYSICIAN'S NAME THE CHRISTOPHIA BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE  May 9  all's F	19 84 Ma	AME OF C	DEGREE ATTENDING PHYSICIAN  22e. ADDRESS The tutes of Heatenettery Or CREMATORY  Mational (Mational)	MEDICAL STA DIRECTOR PHYSIC Clinical Co 1th, Bethes	enter, sda, M	varion the 222. DATE 5/5 Nation 202	significant instance of the state of the sta

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR



moy be

e funeral director, page 3 within 72 hours ofter death

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	3 9 9 /
	CEASED NAME FIRST	S A.	BARNETT	20. DATE OF DEATH MONTH	DAY YEAR 26. HOU
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
Fe	male	White	Dec 30, 1901 YEAR	82 YRS.	MONTHS DAYS HOURS
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUN	
Me	ssouri	U.S.A.	WIDOWED DIVORCED	Montgomery	
Wh	eaton	Randolph Hill	sing home or other institution betadoress). S Norsing Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSewife	LIFE) 12b. KIND OF BUSINE
	STATE STATE TYPLAND  TYPLAND  TO THE NURSING HOME OF THE NURSE HOME OF THE NURSING HOME OF THE NURSE HOME OF THE NURSE HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TO SILVEY	DRE ADMISSION) 13d. INSIDE CITY LIMITS? L Spring yes A NO	138. STREET ADDRESS Indige	o Road 209
14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
	Tom	Alliso		ADDRESS	Flliot
- (		VE WAR OR DATES)			
1	No	441-	07-2097 RONALD BA	ARNETT SAME AS	13 SON  APPROXIMATE INTER BETWEEN ONSET AND
CERTIFICATION	PART 2 OTHER SIGNIFICANT  NONE  190 DATE OF OPERATION		O DEATH BUT NOT RELATED TO THE TERA	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USET TIFYING CAUSES OF DEAT
	21g. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	121c HOW INJURY OCCUP	YES NO RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
4	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	TENER MANUAL OF MODEL IN THE MANUAL INC.	, , , , , , , , , , , , , , , , , , , ,
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY S
	22a.1 certify the (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	ital) attended the decised from		deoth occurred on the date and hi	
	The SIGNATURE	andu, Mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	5-19-8
		JAJON, MO	800 PERSHI	NG DR. SILVE	r soring, I
	BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	5/22/84 236	PARKLAWN CEMETERS	23d. LOCATION CITY OR TOWN	COUNTY S

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending poshould be detached for use as the buriol-transit permit. Then please remove corbaniwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or nemand.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicial

(SPECIFY)
BURIAL

5/22/84
PARKLAW
24 FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 PARKLAWN CEMETERY

MONT BY REGISTRAR 256. REGISTRAR'S SIGNATURE 2

ZAME --- --- --- TONESTATE TO THE METABLE THE HOLL CONTRACTOR OF THE PROPERTY OF delication back and amount of the first war agent which 

TO FUNERAL DIRECTOR, After this certificate has been vigned by the attending physician and hould be detached for use as the burial-transit permit. Then please remarke carbanadeen. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarks.

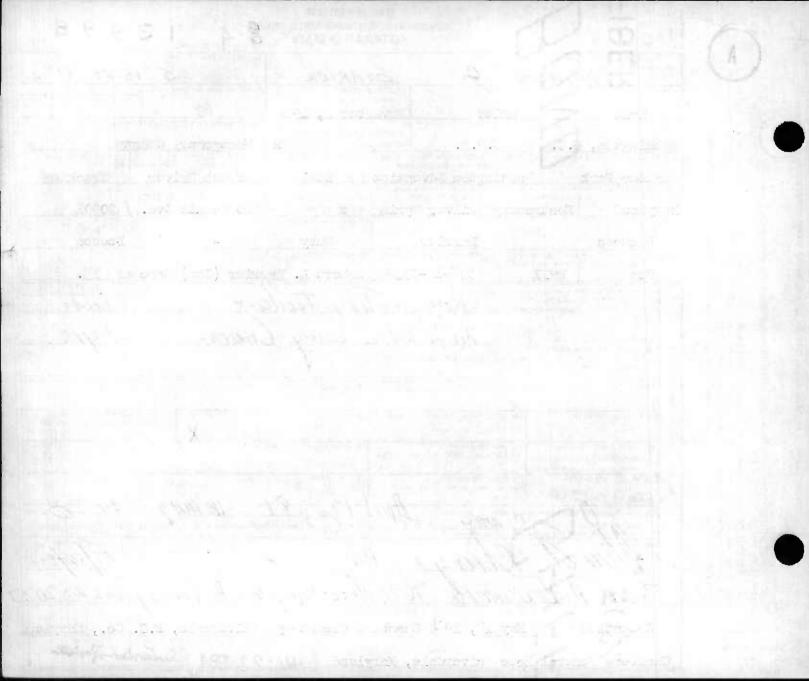
DHMH - 16 50M 4/83

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the haspital or attending physician.

within 24 hours of

	REGISTRAR CEASED NAME	FIRST	MIDDLE	L	AST OF DEATH	REG. NO.	H DAY YEAR 26 HOUR
(TYPE (	OR PRINT)	rymond	C.	B	ARRICR	5	1884 348
3. SEX	1,1.1	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
	Molo	T.Tlo	i + 0	HINOM	1	69	MONTHS DAYS HOURS
7a. BIF	Male RTHPLACE (STATE OR FO		ite NOF WHAT COUNTRY?	8.	mber 1, 1914	9. BALTIMORE CITY OR CO	UNTY OF DEATH
	COUNTRY)		U.S.A.	WIDOWE	DI NEVER MARRIED DI DIVORCED X	Montgomery (	Tourntur
	shington, I				OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES
m.	alrome Deals		IN SUCH FACILITY, GIVE STREET		Uogni tol	TYPE OF WORK FOR MOST OF WORK	
USUA	akoma Park	IG HOME OR OTHER INSTIT	ington Adve			Truck Drive	
		Manta and a	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	
_	ryland	Montgomer	y Silver S	phring	YES NO	410 Dennis At	re. / 20901
	FIRST	MIDDLE	Downi on		FIRST	WIDDLE	Dodgon
16a. W	Unknown  VAS DECEASED EVER II	N U.S. ARMED FORCE	Barrier LES?   I.B. SOCIAL SECU	URITY NO	Ruby	ADDRESS	Dodson
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA		-		rrier (Son) Sa	-ma an Alaa
	Yes	WWII	se per line for o1, (b), or	/ / / -	Monero H. Da	Titel (poul ps	APPROXIMATE INTERV BETWEEN ONSET AND D
	gave rise to imme couse (o), stating	the DUE 1	O, OR AS A CONSEQU	ENCE OF	- Lung	MINE CONC	73.
ICATION	couse (0), stating underlying couse	the DUE 1	c)	DEATH BUT			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
RTIFICATION	couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI	if the lost.  DUE 1  (IFICANT CONDITION  DON  19b. C	c)	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?   20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YESNO
CERTIFIC	couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER	IFICANT CONDITION  ON  19b. C  REYING 21b. T	c) NS CONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YESNO
5-016	couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a, ACCIDENT WAS UNDER  OR CONTRIBUTING  (IF ETHER, NOTIFY MEDIC)	IFICANT CONDITION  ON 19b. C  REVING 2 21b. T  AUSE OF DEATH AL EXAMINER)	C)	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?   20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YESNO
EDICAL	couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF ETIMER, NOTIFY MEDIC.)  21d. INJURY OCCURRE	THE LOST.  DUE 1  (IFICANT CONDITION  IPID. CONDITION  IP	ONDITION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY?   20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YESNO
EDICAL	Couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a, ACCIDENT WAS UNDER  OR CONTRIBUTING C.	The lost.  DUE 1  IFICANT CONDITION  IPID. CONDITION  IPI	ONDITION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19	N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? 200. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO EM 18 PART I ORPART 2)
EDICAL	Couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a, ACCIDENT WAS UNDER OR CONTRIBUTING C.	IFICANT CONDITION  IFICANT CONDITION  IPID. CONDITION  IP	ONDITION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET	200 AUTOPSY? 20b.  YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO CERTIFY NO CERTIFY NO COUNTY STATES OF THE PROPERTY OF THE PROPER
EDICAL	Couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a, ACCIDENT WAS UNDER OR CONTRIBUTING COUNTY MEDICA 21d INJURY OCCURRI WHILE NOT WHILE AT WORK 27a. I certify 11 (	The lost.  DUE 1  IFICANT CONDITION  IPID. CONDITION  IPI	C)	DEATH BUT H OPERATIO  PAY YEAR 19  FARM ETC.)	21c. HOW INJURY OCCUR! 21l. LOCATION STREET  19 and that in (my) (por) apinion	200 AUTOPSY? 20b.  YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO CERTIFY NO CERTIFY NO COUNTY STATES OF THE PROPERTY OF THE PROPER
MEDICAL	Couse (o), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a, ACCIDENT WAS UNDER OR CONTRIBUTING COUNTY 21d INJURY OCCURRI WHITE NOT WHITE AT WORK  27a. I certify the county of the county of the county  27a. I certify the county of t	IFICANT CONDITION  ON 19b. CO  REVING 21b. T  AUSE OF DEATH ALL EXAMINER)  ED 21e. Pl  (AT HO)  this hospitol) gittened d all of d parkwice the	C)	DEATH BUT H OPERATIO  PAY YEAR 19  FARM ETC.)	211. LOCATION STREET  219  dd that in (my) (or) apinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF THE PROPERTY OF T
MEDICAL	COUSE (0), stoting underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER  OR CONTRIBUTING COURT  WHILE NOTEY MEDIC.  21d. INJURY OCCURRING AT WORK AT WORK  22a. PHYSICIAN'S NAU  11b. STOTAL TRE	IFICANT CONDITION  IFICANT CONDI	ONDITION FOR WHICH  IME OF INJURY IR A.M. MONTH D P.M.  LACE OF INJURY ME, STREET, FACTORY, OFFICE,  led the deceased from Social of the death.	DEATH BUT H OPERATIO  PAY YEAR 19 FARM ETC)  7676	211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN  22e. ADDRESS  WELL  HAMPS	200 AUTOPSY?  YES NOT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF THE PROPERTY OF T
WEDICAL 23e. B	COUSE (0), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CO.  (IF ETHER, NOTEY MEDIC.)  21d. INJURY OCCURRING AT WORK  AT WORK AT WORK  22d. PHYSICIAN'S NAU	IFICANT CONDITION  IFICANT CONDI	ONDITION FOR WHICH  IME OF INJURY  IR A.M. MONTH D  P.M.  LACE OF INJURY  ME. STREET, FACTORY, OFFICE,  Ided the deceased from  19  20  20  21  23  26  26  26  26  26  26  26  27  26  26	DEATH BUT H OPERATIO  PAY YEAR 19 FARM ETC)  ON THE STATE OF THE STATE	211. LOCATION STREET  219  dd that in (my) (or) apinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO X  YES NO X  IN C  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  CITY OR TOWN  A COLOR OF TOWN  1236 LOCATION  CITY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF THE PROPERTY OF T



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4	1	death.	
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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

4	T.	7	0	9	1
6	REG. NO.	0	1		

- STATE REGISTRAR		DEFARIA	CERTI	FICATE OF DEATH	8 4 REG. NO.	3 9	1 7
1. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
OSKA	R		BAS	SISZTA	May 22, 1984		3:40p M
3. SEX	4. RACE		_	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEA	
Male	White		MONT	ember 24, 1978	-	MONTHS DAYS	S HOURS MIN.
		WHAT COUNTRY?	NOVE	ember 24, 1978	9. BALTIMORE CITY OR COUN		
7a. BIRTHPLACE   STATE OR FOREIGN COUNTRY)	/6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED K	1. BALTIMORE CITT OR COUR	TIT OF DEATH	
Romania	Roman	ia	WIDOW	ED DIVORCED	Montgomery Co		MC
O. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
Bethesda		he Clinic		nter	n/a	State HADOSIK	
ISUAL RESIDENCE HENURSING HOM	OR-OTHER INSTITUTION						
130. STATE 13b 90	MITY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		66661
Romania A. FATHER'S NAME		Arad		YES NO S	Ghiba-Birta #	18	1777
FIRST	WIDDLE	LAST		13. MOTHER'S MAIDEN NAM	WIDDLE	3 1	AST
Stephan		Basiszta		Eleanora		Gaft	on
60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
no no distribution (if the	GIVE WAR OR DATES)	n/a		Mrs. Eleanor	a Basiszta (Mo	ther)	
	Ic) NT CONDITIONS <u>C</u>	ONTRIBUTING TO D			Laylock-Taussig		3 years
Cyano		t disease					
Cyano 190 DATE OF OPERATION  May 22, 1984 210. ACCIDENT WAS UNDERLYING		ITION FOR WHICH	OPERATIO	DN WAS PERFORMED		YES, WERE FIND RTIFYING CAUSE YES 132	
OR CONTRIBUTION CAUSE OF	DEATH HOUR A	DF INJURY ,M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF CAUSE		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	711. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
27a.1 certify that (1) (this his saw the deceased alive above (4)) (we) (did) (10)	on Mar	y 22 19	0.7	DEGREE	, to May 22 death accurred an the date and least accurred and the date and least accurate to the date and least accurate to the date and least accurate to the date accurate to t	haur and fram th	that \$1 (we) last te causes stated ESIGNED \$4
22d PHYSICIAN'S MAMIL (11	PR PRINT)	nvence		ADDRESS Natio	nal Institutes Center, Bethesd	of Heal	
3 m. 7 . 1 m.	1, 000					a, m. Z	.0203
23a BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	IAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	51

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use with the State Dept. of Heal

IMPORTANT.

os the burial-transit permit. The

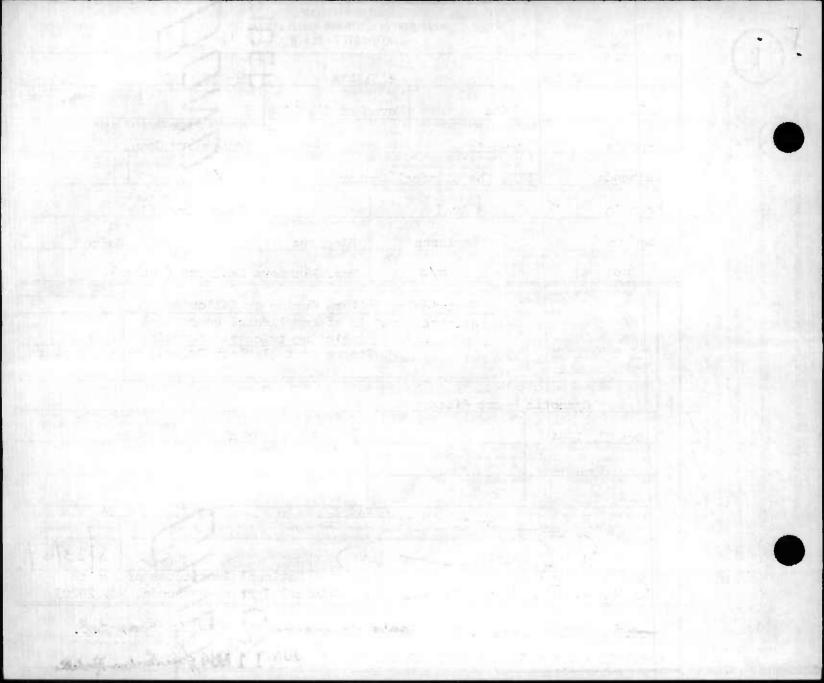
Washington, D.C.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CREMATION June 7. 1984 Lee's Crematory

14 FUNERAL DIRECTOR

Marshall's Funeral Home, 4217 9th St.NW Wash. Deun 1



### STATE OF MARYLAND

				20	
		Com	U	U	-
DEC	NIO				

1-	STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	140	0 0
	CEASED NAME FIRST CEL		NHN	B	EER	Ta. Drive or Derrice	5 BB4	4 2pm
3. SE.	remale	4. RACE Caucas	ian	5. DATE O	Б В В В В В В В В В В В В В В В В В В В	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN		what country? d States	8. MARRIE WIDOWI	D NEVER MARRIED DED NORCED	MONTO	1	MD.
B	ETHESDA	(IF MOT IN SUC	BURBAN	DERESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Clerk -co		ND OF BUSINESS OR STRY AGENCY
13aM		e or other institution DUNTY ntgomery	GIVE RESIDENCE BEFORE  13t. CITY OR TOWN  ROCKVIL		13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	13e STREET ADDRESS / 6105 Mont	ZIP CODE rose Rd.	20852
14 FA	ATHER'S NAME FIRST Isador	MIDDLE	Weiss		15 MOTHER'S MAIDEN NAI Hannah	MIDDLE		ewman
	VAS DECEASED EVER IN U.S.	ARMED FORCES?  AVE WAR OR DATES)	045 30		Daughter: H	ADDRE	1 same as	
	18. CAUSE OF DEATH (Enter PART). DEATH WAS CALL IMMEE Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DIATE CAUSE (a)  DUE TO, O	CAROIA	NCE OF	McLanue De	issociation	- 1	PROXIMATE INTERVAL MEEN ONSET AND DEATH O MINUTES
NOIL	PART 2 OTHER SIGNIFICAN	ary Art	ery Disc	ne	NOT RELATED TO THE TERM			
CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES □ NO.▼	20b. IF YES, WERE FI IN CERTIFYING CAU YES	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFIED OF THE CONTRIBUTION OF T	DEATH HOUR A. (INER) P.  21e. PLACE	M. MONTH DA	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		
	27a 1 certify that (1) (this has saw the deceased alive above, (1) (we) (iid) (dic	on 5/13	19_		nd that in my (our) apinian DEGREE	death occurred an the da	22c. C	DATE SIGNED
	THE PHYSICIAN'S NAME (IN RAYMO)	PE OR PRINT) ND BAJJ			PHYSICIAN &	DIRECTOR   PHYSIC		1 20506

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The Io retained by the haspital ar attending physician.

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fi shauld be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

medical (xa

injury, or other traumotic event, the

IMPORTANT: If Item 21 is marked on Item 18 shows ony

24 FUNERAL DIRECTOR

23 BURIAL CREMATION, REMOVAL 234 DATE -84

Tves-Pearson Funeral Home Falls Church, Va. 22046

23. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

Fairview, New Tersey

STATE

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

AV 1 6 1004 July Davidson Randall

SERVE - THE REAL PROPERTY. Ye are in dealth: Lavi

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de

retained by the haspital ar attending physician.

STATE	OF	MARYLAND	
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1 DE	ECEASED NAME FIR	ST	MIDDLE		AST a	20. DATE OF DEATH	MONTH DAY	YEAR
	PE OR PRINT)	100	C	8	ell		5 6	84
3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	(HDAY) IF U	INDER I YEAR
9	Female	Whi			6,1900	83	YRS	
Ve. B	BIRTHPLACE (STATE OR FOREK COUNTRY), Washington, D.	C. US.	OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED DIORCED	9. BALTIMORE CITY O Montgom		DEATH
	Rockville	11. NAME (IF NOT II	N SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OR Ret. Statis	ON F WORKING LIFE)	
USU	JAL RESIDENCE IF NURSING H		Grove Adve			A	gricult	ture
13a.	202	ontgomer	y Rockvill		13d. INSIDE CITY LIMITS? YES NO	#90 Monroe	ZIP CODE	902 2
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
	Anthony Di C				Margaret			
	WAS DECEASED EVER IN U	.S. ARMED FORCE YES, GIVE WAR OR DATE		IRITY NO.	17 INFORMANT Upper	Marlboro, M	å. 207	772
N	Vo	None	230-09-0	0037	Anthony S. S	antucci-son	9111 0	olden BETWEEN OF
		ich (bote )  DUE TO (const.)	D, OR AS A CONSEQUE  D, OR AS A CONSEQUE  S CONTRIBUTING TO	hah ENCE OF	NOT BELATED TO THE TERM	AIN AI DISEASE OR CONN	DITION GIVEN	IN PART las
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WEDICAL WEDICAL	gove rise to immedia couse 10), stating underlying cause le PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this saw the deceased a above, (I) (we) (did) (22b. SIGNATURE	ich one one of the one	DO, OR AS A CONSEQUE  DO, OR AS A CONSEQUE  DONDITION FOR WHICH  AE OF INJURY R. A.M. MONTH D. P.M. ACE OF INJURY R. STREET, FACTORY, OFFICE, F  STREET, FACTORY, OFFICE, F  AND MAN A	OPERATION  AY YEAR  19  FARM ETC.)  NAME OF C	211. LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 19 54  and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS  22e. ADDRESS  22e. ADDRESS  22e. ADDRESS  CEMETERY OR CREMATORY	YES NO CITY OR TO MEDICAL STALL	20b. IF YES, WIN CERTIFYIN YES [ RY IN ITEM IB PART  WN  19.  19.  And In Item IB PART  WN  FILAN   ROAD	COUNTY , the

DHMH - 16 50M 4/83

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within 24 hours after death. Page

### STATE OF MARYLAND

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FOR		DEPARTM	ENT OF F	<b>TEALTH AND MENTAL HYC</b>	GIENE		-/3	0 6	1 17
- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 4	REG. NO.	4	0 0	) ha
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		AST	20. DATE OF		H DAY	YEAR	26. HOUR
Flora	0	R R	etter	rman	May	25, 198	4		7:50p A
3. SEX	4. RACE		S. DATE O	OF BIRTH		ARS LAST BIRTHDAY		DER 1 YEAR	IF UNDER 24 HRS
_ Female	Cauca	sian	De		57		YRS.	HS DATS	HOURS MIN.
TO. BIRTHPLACE (STATE OF FOREIGN	9 49	WHAT COUNTRY?	8	D X NEVER MARRIED		RE CITY OR CO		DEATH	
COUNTRY) Newfoundland	USA		WIDOWI		Montgo	mery Co	untsz		M
O CITY OR TOWN OF DEATH	11. NAME OF		HOME (	OR OTHER INSTITUTION	120 USUAL C	OCCUPATION FOR MOST OF WOR	117	b. KIND O	F BUSINESS OR
Bethesda MD		CHFACILITY, GIVE STREET A Hospital		esda MD	Cashi			Retai	11
USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				0005	11	1.11. 1.2.
Florida L	ake	Eustis	1	13d. INSIDE CITY LIMITS? YES [X] NO [		South G		327	757
M. FATHER'S NAME	ake	Edst18		15. MOTHER'S MAIDEN NA		SOULII C	TOVE	321	
FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS'	1
George 160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	Rowe	ON YTIS	Lillian 17 INFORMANT		ADDRESS F	0.7	Davi	
	GIVE WAR OR DATES)					_		x 132	
No		522-42-5	409	Gerald Andr	ew Bett	erman M	ount	Dora	MATE INTERVAL
	(c)_		cell	cancer/ cerv		OR CONDITIC	N GIVEN II	N PART 110	3
190 DATE OF OPERATION	196. COND	ITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTO		IF YES, WE CERTIFYING YES		OF DEATH?
198. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED	DEATH HOUR A	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR			-	OR PART 2)	
71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, FA	RM, ETC )	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
22a I certify that this has saw the deceased alive above, (1) (we) (did) (did)				y , 19 84 nd that in (my) (our) opinion		9		from the	
22b. SIGNATURE				DEGREE ATTENDING PHYSICIAN (	MEDICAL DIRECTOR	STAFF PHYSICIAN		26 M	signed ay 1984
D. S. LOUD M	D Lt MO	USNR		Naval Hospi	tal Rot	-heeda	MD		
23e. BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATORY	23d. LOCA	TION			
Burial	May 3	o, 1984 Gr	reenw	ood Cemetery		oriown stis. Fl		UNTY	STATE

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use of the burial-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

Greenwood Cemetery May 30, 24 FUNERAL DIRECTOR

ATORY 238. LOCATION COUNTY

ETY Eustis, FL

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Julia Savidson Bondage Capitol Funeral Service, Falls Church,

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STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1	FOR STATE REGISTRAR			DEPAR		ICATE OF	MENTAL HY DEATH	GIENE &	REG. NO.	4.0	0	-3
	CEASED NAME E OR PRIP	FIRST MA	RYMAC	AIDDLE		last BE	YER	2a. DATE OF		12 8	AR 2	PE HOUR
3. SE	Femel	e	RACE	te	S. DATE C	H DAY	1912			rs.	DAYS	IF UND R 24 HRS HOURS MIN.
	Penna.		U.S.		MARRIE	ED 🗱 D	MARRIED	Mont	gomery			MD.
1	AKUKUP PARK	4 /6	UASHWG	HOSPITAL, NURS H FACILITY, GIVE STREE POU ADVIS	ET ADDRESS)	OR OTHER IN	e Tel		OCCUPATION K FOR MOST OF WORK		TDV	Home
13a.	AL RESIDENCE (IF NURSI STATE ENNIVERAN	NG HOME OR O	THER INSTITUTION	Isc. CITY OR TO	WN	YES 🗌	CITY LIMITS?	Vine	ADDRESS / ZIP (	15901	189	4999
7 17	John	MI	DDIE	Yauneric	lge	_	S MAIDEN N.	AME	WIDDLE	<b>(</b> U	iast nkne	own)
lán \	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	Unknown		There		er. Mai	n St.			Pa.
MEDICAL CERTIFICATION	Conditions, if any, gave rise to imm cause ial, statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WASUNG OR CONTRIBUTING CIFE THER NOTIFY ABOVE AT WORK NOTIFY AND WHILE NOTIFY ABOVE (1) (FEITHER NOTIFY ABOVE (1) (We) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	NIFICANT CO	DUE TO, OF  (b)  DUE TO, OF  (c)  NDITIONS CC  19b. CONDI  21b. TIME O  HOUR A./  P./  21e PLACE ( (AT HOME STR	AS A CONSECUTION FOR WHICH THE LATTER TO THE	UENCE OF  UENCE OF  ACIDO  ACI	21f. LOCAT STREE 12 LOCAT 12 LOCAT 12 LOCAT 12 LOCAT 12 LOCAT 12 LOCAT 12 LOCAT 14 LOCAT 14 LOCAT 14 LOCAT 14 LOCAT 14 LOCAT 12 LOCAT 14 LOCAT 16 L	Artony  Alich  Diotheter  ORMED  HEADER  NJURY OCCUI  ION  ET  19 84  ATTENDING PHYSICIAN PHYSIC	Anerometrical American American American Director	city or town  STAFF PHYSICIAN	2 , 19 <b>29</b> d hour ond troi	ty the co	STATE  STATE  of       (we)    last uses stated
	BURIAL, CREMATION,		23b. DATE			EMETERY OR	CREMATORY	23d LOCA	ATION ORTOWN	COUNTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4) Bürfal/Removal 5/13/1984 St Mary's Cemetery

14 FUNERAL DIRECTOR Joseph Gawler's Sons Inc.

5130 Wise. Ave., N.W. Washes, D.C.

AY 1 6 1844 June Dandson Manualle

1912 13 1912 100 5 60 675 SMO teent only Jourtonn (michaelle) Confidentiano rilo 1.00 Interior heres ever, win to, w erill, be.

Till movel 5/13/10th territal covers onsin, Panis.
Toronh ewler's one Inc.
The inc. ve., N., ash., ...

P.A. Bethesda, Maryland

21m. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

saw the deceased alive an

22h. SIGNATURE

Burial

NOT WHILE

STATE OF MARYLAND

May 8, 1984 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County, 12b. KIND OF BUSINESS OR Nursing 13. STREET ADDRESS / ZIP CODE AVE. Hines 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22. I certify that (I) (this haspital) attended the deceased fram above, (1) (we) (did) (did not) view the bady after death DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRI 23¢ NAME OF CEMETERY OR CREMATORY Pittsfield St. Joseph's Cem. 250. DATE REC'D. BY REGISTRAR 2516 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral who Davidson- Handall

DHMH - 16 50M 4/83 (VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC.	NO			

	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	140	0 5	
	EASED NAME	FIRST		MIDDLE	L	AST		ONTH DAY YEAR	26. HOUR	
C	ARL	W		B	INK	ER, Sr.	5/23/8	24	0840m	
SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD.	MONTHS DAY		
MA	LE		Caucas		Sept	ember 28,1911	72	YRS.		
	THPLACE (STATEOR OUNTRY)	FOREIGN		States	8. MARRIEI WIDOWE	NEVER MARRIED	Montgomery (		MD.	
Ro	ckville		SHAD	FACILITY, GIVE STREET	E /	OSPITAS	Accountant	ORKING LIFE) 12b. KIND INDUSTR INSU	of Business OR	
13a. S	il residence (# NURS TATE 1ryland	Mont	gomery	ROCKVIL		13d. INSIDE CITY LIMITS?	1714 Tweed	Street Zi	p:20851	
4. FA	THER'S NAME FIRST  Car1		WIDDLE	Binker		15. MOTHER'S MAIDEN NAME FIRST Caroline	MIDDLE	Mot		
6a. W	AS DECEASED EVER ES, NO OR UNKNOWN) Yes		MED FORCES?	577-07-4		17. INFORMANT (WII) Ella Virgini		1714 Tweed Rockville,		
NOI	Conditions, if ony gove rise to imm cause (a), statiunderlying cause	mediate ng the tast.	(b)	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	MATASTA		l(o)	
IFICAT	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINE N CERTIFYING CAUSI YES		
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OF CONTRIBUTING CAUSE OF DEATH GIVE EITHER. NOTHY MEDICAL EXAMINER) P.M.				YEAR	21c. HOW INJURY OCCURE		N ITEM 18 PART 1 OR PART 2		
WED	21d. INJURY OCCUR  WHILE NOT WI AT WORK AT WO	CCURRED  210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  AT WHILE AT WORK					CITY OF TOWN COUNTY STATE			
	220.1 certify that (1) saw the deceas above (1) (we) (2 27) SIGNATURE	ed alive on	5/23	1/94 19	A) . or	nd that in (my) (Jur) opinion of DEGREE	death accurred on the date		the causes stated  TE SIGNED	
	22d. PHYSICIAN'S N.	AAAE JOHAN	X aco	all the			DIRECTOR PHYSICIAL	N D		

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completel should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages, I and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

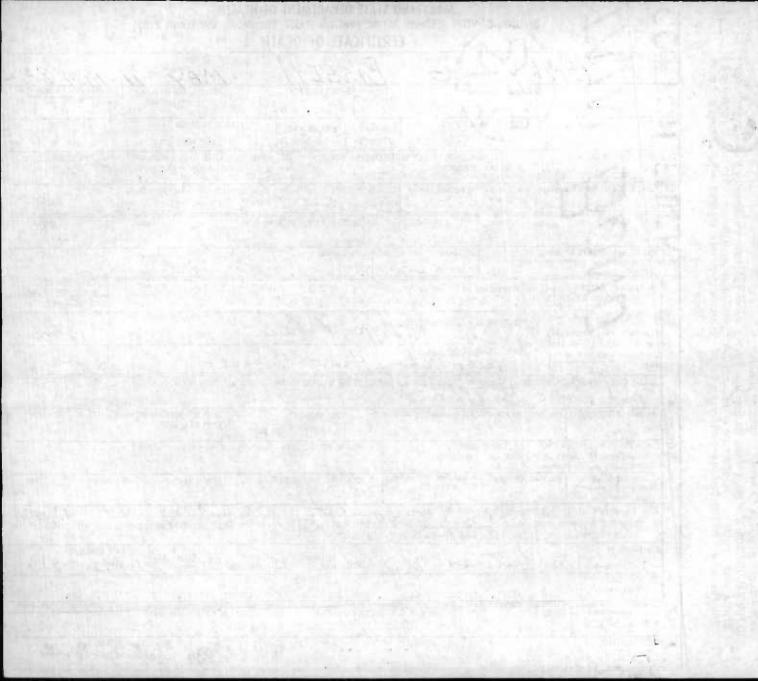
njury, or other troumotic event, th

IMPORTANT: If them 21 is marked or them 18 short

300 W. Montgomery Ave, Rockville MD P.A., 300

25. DATE REC'D BY REGISTRAR STOREGISTRAD'S SIGNATURE CO.

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# STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO	

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D	007	,
1. DECEASED NAME FIRST		WIDDLE	t	AST	2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	LE FRANCI	S BLAIR			MAY 27	1984		5:55 A
1. SEX	4. RACE		5. DATE C		6. AGE   IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS
MALE	CAUCA	STAN	APE	RIL 21 1920	64	YRS.	DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY O		DEATH	
COUNTRY)				D X NEVER MARRIED	1/01/2001			
OHIO		STATES	WIDOWE	DR OTHER INSTITUTION	MONTGOM		13F KINID O	F BUSINESS OR
THE OR TOWN OF BEATH		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		INDUSTRY	I BOSII4ESS OK
BETHESDA	NAV	AL HOSPI	CAL.		RETIRED		U.S.N	IAVY
USUAL RESIDENCE HE NURSING HOM 130. STATE	& OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	110	MARCO
	VAT.	JACKSON		YES X NO	3025 KLINE		9%	32216
FATHER'S NAME	VAL	LJACKSUN	VILLE	15. MOTHER'S MAIDEN NA		IUAU		72219
FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAS	
LEE WATS		1		BESSI	ADDRE	c e	(Unav	vailable)
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	55		
	38-1961	322-12-7	7849	MARGARET J.BI	LAIR, 3025 KI	INE ROA	AD.	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DIATE CAUSE (a) (  DUE TO, C  DUE TO, C  Ic) (  It)		ENCE OF  ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	NGS USED
21a. ACCIDENT WAS UNDERLYING	716. TIME (	OF IN HIRY		21c. HOW INJURY OCCUR		YES YES	7	110 []
CALIFORNIA IN INC.	110110 4	M. MONTH D	AY YEAR	The state of the s	A FLATER JAN DUE OF HAJOR			
(IF EITHER NOTIFY MEDICAL EXAM		.M.	19					
OR CONTRIBUTING CAUSE OF		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (I) (this he	aspital) attended t	ne deceased from	FEBI	RUARY 17 19 84	MAY	27 19	84	that (1) (we) last
saw the deceased alive	an MAY	7 19	84	nd that in (my) (our) apinian	death accurred on the do	ite and hour ar	nd fram the	causes stated
above, (1) (we) (did) (did	not) view the bod	after death.		DEGREE			122c DATE	SIGNED
W.E. 1	MIN	ellet		ATTENDING .	MEDICAL STAF			May 1984
220 PHYSICIAN'S NAME TO	(PE OR PRINT)			22e. ADDRESS NAVA	L HOSPITAL, N	AVAL M	EDICAL	COMMANI
D. E. NEWE		C, USNR		NATIONAL CAP	ITAL REGION,			
23a BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	· ·	OUNTY	STATE
Cremation	May 3	1, 1984 E	vergr	een Cemetery rematory		ville,		

DHMH - 16 50M 4/83 (VRA 15, 4)

Cremation May 31, 1984 Evergreen Cemetery Jacksonville, FL

74 FUNERAL DIRECTOR
Capitol Funeral Service, Falls Church, VA NO Town June Davidson-Rondelle

restroi Peloci Encylno, Polla Church, W. - U. P. L. Ballerine and P. C.

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STATE OF MARYLAND

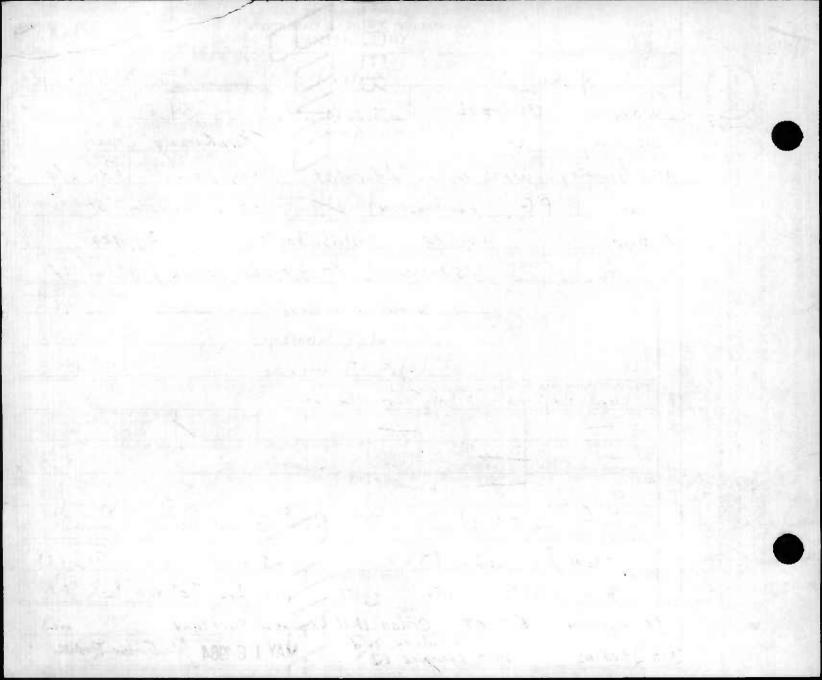
100	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4 REG. NO	0. 4	0 0	0
	CEASED NAME FIRST BEOTHER	amin	MIDDLE	6	Slaker	20. DATE OF DEATH  5/21/84	MONTH DAY	YE AR	3 40 A
3. SE)		4. RACE	JC.	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HR
Ru	IRTHPLACE (STATE OR FOREIGN COUNTRY) SSIA	U.S.A		WIDOWE		Mont gon	very,		^
B	ethes da	Suburb	CH FACILITY, GIVE STREET	pital	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST C Business 0	OF WORKING LIFE)	INDUSTRY	Repair
Man Man			136. CITY OR TOW Burtonsv	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET ADDRESS .	ler Roa	ad (20	866)
	Martin	WIDDLE	Blaker		Rachel	MIDDLE	50M	Cohe	
160 V	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	578-01-4		Martin Blake		Maryla sler Ro		
	Conditions, if ony, which gove rise to immediate couse (a), stating the	) (0)							
ATION	underlying cause last.	(c)		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, W	VERE FINDIN	GS USED
RTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION	(c)	ONTRIBUTING TO D	DEATH BUT	n was performed	200 AUTOPSY?  YES □ NO 🛣	206. IF YES, W IN CERTIFYIN YES [	VERE FINDIN NG CAUSES	GS USED
ICAL CERTIFICATION	UNDERLYING COUSE LOST.  PART 2: OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	IT CONDITIONS CO	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  M. MONTH DA  M.	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO 🛣	206. IF YES, W IN CERTIFYIN YES [	VERE FINDIN NG CAUSES	GS USED OF DEATH?
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MEDICAL	UNDERLYING COUSE lost.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCUMENTE AT WORK NOTIFY MEDICAL EXAM  21d. INJURY OCCUMENTE AT WORK NOTIFY MEDICAL EXAM  21d. INJURY OCCUMENTE AT WORK NOTIFY MEDICAL EXAM  21d. SIGNATURE  21d. SIGNATURE  21d. SIGNATURE  21d. SIGNATURE	IT CONDITIONS CO	ONTRIBUTING TO DESTRUCTION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REEL, FACTORY, OFFICE, F  OF deceosed from  19	OPERATIO  AY YEAR 19  ARM ETC.)  MAY 5	216 HOW INJURY OCCURI 211 LOCATION STREET  19 84  and that in (my) (%) opinion  DEGREE ATTENDING PHYSICIAN [ 22e. ADDRESS  5410 Connect	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  10 May 21,  deoth occurred on the d  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [ IN CERTIFYIN YES [ IN TEM IB PART  IN TEM IB PART  IN TEM IB PART  IN TEM IB PART	VERE FINDING CAUSES  1 OR PART 2)  COUNTY  84  nd from the 6	GS USED OF DEATH? NO  STATE hot (I) (*) It
WEDICAL	Underlying cause last.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXE AT WORK NOTHEY MEDICAL EXE AT WORK NOTHEY MEDICAL EXE AT WORK NOTHEY MEDICAL EXE  WHILE NOT WHILE AT WORK NOTHEY COLUMN  THE STATE OF THE STATE O	IT CONDITIONS CONDITIO	ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REEL, FACTORY, OFFICE, F  OF deceosed from  19  23c. N  / 84  KI	OPERATIO  AY YEAR  19  ARM ETC)  MAY 5  84, or	216 HOW INJURY OCCURI 211 LOCATION STREET  19 84  and that in (my) ( <b>X</b> ) opinion  DEGREE  ATTENDING PHYSICIAN (22e. ADDRESS	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  TO MAY 21,  deoth occurred on the di  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [  DWN 19 ote and hour of the condition of	VERE FINDING CAUSES  1 OR PART 2)  COUNTY  84  22c. DATE: 5/21	GS USED OF DEATH? NO  STATE hot (I) (*) It couses stoted SIGNED /84

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNE AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the national services of the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAY 25 984 KLATLALINGER

						STATI	OF MARYLAND				
P		1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE REG. NO	14	0 0	9
1			CEASED NAME FIRST		WIDDLE		NST .	20. DATE OF DEATH	NONTH DAY	YEAR 2b F	HOUR
1	62			ari		(3	lanche		5-3	-841	03
9		3. SE	gemale	4 RACE GRIENTA	aL 5	5 DATE C	F BIRTH	6. AGE THEYEARS LAST BIRTH	1	UNDER I YEAR #FUI	URS MIN.
	11/0/		RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8.	. /	9 BALTIMORE CITY OF		FDEATH	
	10 22 78		5apan	USA		MARRIE			uu C	nexty	MD
		10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATIO		126. KIND OF BUS	SINESS OR
102	100		on tsomery	WASh	ington	Ad	vientist	KEY Disc.		FRIVA	te
BALTIMORE, MARYLAND 2120	Miled in	USU 13a.	AL RESIDENCE 1 # NURSING HOME OF TATE 136. CO.	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	NI	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 5202 Em	ZIP CODE FRSCM	29.7	81
XI.	2 Site	14. F.	THER'S NAME	MIDDLE	7241		15. MOTHER'S MAIDEN N	IAME MIDDLE		LACT	
WA	p ld b	N	6640	5	AGARA		MASAKO	middle	549	AR4	
R.	d ica ecut		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	S		
WO	Pog a		YES, NO OR UNKNOWN)   I IF YES, G	SIVE WAR OR DATES)	257-25	-1539	JEFF BIB.	MChE 5200	Emi	GRECH S	54
ALT	ofe b		18. CAUSE OF DEATH (Enter of	only one couse per	line for (a), (b), and	d (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	phy phy non vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	C.	acho	Ross Aryst			5. 3 - 9	14
S	ding orbo		4310		R AS A CONSEQUE	ENCE OF .				Estil and	
STO	death offendi ave co frion, o		Conditions, if ony, which	( (b)	N AS A CONSEGUE	Cerel	rel Almarh	7		3.12.	84
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	by the a ase remat , cremat other tra		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	Engthonto	51		± 7 4×1	
20	ned ned norio		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR COND	ITION GIVEN	IN PART Tra	1.4
RDS	equii n sig	N O	LUNUS DE	htitus -	relation	rest	Insection -				
RECO	1000	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN	VERE FINDINGS I	DEATH?
TAL	of the second	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	NE IN HIRY		121, HOW IN HIPY OCCI	JRRED (ENTER NATURE OF INJURY	YES [		o 🗆
٣ ×	11111		OR CONTRIBUTING CAUSE OF DE	LIOUR A	M. MONTH DA	AY YEAR	THE HOW INJUNIOUS	TREE (ENTER NATURE OF INJUR	IN HEM ID PART	OKPARIZ)	
0 2	2 9 8 9 W	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P. PLACE	M.	19	21f. LOCATION				
DIVISIO	of the b	MEC	WHILE NOT WHILE AT WORK AT WORK		RET, FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TOW	N	COUNTY	STATE
- 1	Z - 6 5 5 5		22a I certify that (1) (this has		e decepsed from_		12 19 87	, to	19.		(1) (we) lost
	RECTO red for pt. of h		sow the deceased alive of above (1) (we) (did) (did)	not) view the body	ofter death.			on death occurred on the da	re and have ar		
	0 = 0 = 0 =		226. SIGNATURE		< 10		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	:	22c. DATE SIGN	. M
1	FUNERAL old be detected by the State of the		224 PHYSICIAN'S NAME TYPE	OR PRINT)			22e. ADDRESS	_ DIRECTOR _ PHISICI	AN	13/	1
2	etained by TO FUNER should be with the Str			andstro			7701 Car	call for Ta	Kora	Park, n	nd
	BP	23a.	BURIAL, CREMATION, REMOVA	5-11-		SLON	It'll CREMATOR	CITY OP TOWN	/	COUNTY	n3
DHA	MH - 16 50M 4/83 (VRA 15, 4)	24 F	B JEMKINS	747	LANGOVE Y LANGOVE	FR, V	nd 250 0	Y 1 8 1984	La David	R'S SIGNATURE	02 *
	1	F.	v. g j-raistro	/ / /	AMMICIOUE	R Ld					4



speed by the offending physicion and completely filled in by

uld be fil

				STATE OF MARYLAN	ND			
	1-	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND M CERTIFICATE OF DE	4.3	REG. NO.	401	0
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	2a. DATE	OF DEATH MONTH		b. HOUR
		Edit	h M.	Block	The state of	5 -	20-84	030gm
	3. SE)	X	4 RACE	5. DATE OF BIRTH	6. AGE (II	N YEARS LAST BIRTHDAY)		FUNDER 24 HRS
	19	FEMALE	CAUCASIAN	JUNE 5.	1901 82	YRS.		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M.	ARRIED 9. BALTIM	ORE CITY OR COUNT	Y OF DEATH	
1		NEW JERSEY	U.S.A.		ORCED [] N	MONTGOM	ER Y	MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			AL OCCUPATION  ORK FOR MOST OF WORKING 1	12b. KIND OF E	SUSINESS OR
2	R	OCKVILLE	Shady Grove	adventis	t HOSP. TI	EACHER	EDUC	ATION
5	13a. S	STATE 136 COUN		N 13d INSIDE CIT		T ADDRESS / ZIP COD		AY2087
1	_	THER'S NAME		15 MOTHER'S	MAIDEN NAME			
0		MORRIS A	MILLER.		AH	MIDDLE	SSERMA	N
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECUI	RITY NO. 17. INFORMAN	IT	ADDRESS		
	- (	DIO	150-20-1	863 LEAH	MALLOY	SAME	AS ITE	M #13
		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (b) BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUE	roo Jan	nor Su	Moli.	APPROXIMA BETWEEN ON	SET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	Wetalte	the Ca	Johns Johns	ne .	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED T	O THE TERMINAL DISEA	ASE OR CONDITION GI	VEN IN PART 110	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 200 AU YES	IN CERTI	S, WERE FINDING FYING CAUSES OF ES	
1	1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		URY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f LOCATION STREET	4	CITY OR TOWN	COUNTY	STATE
		saw the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from 19		aur) opinion death accur	rred on the date and ho	ur and from the ca	
		22b. SIGNATURE	/chaney	PI	/50	STAFF DR PHYSICIAN	22c. DATE SIG	N8/05
1		224 PHYSICIAN'S NAME (TYPE OF	orprint)	22e. ADDRESS	28 Gpm	newtone	Rd, Go	manta

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR

(VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL (SPECIFY)

CR FMA TION
24 FUNERAL DIRECTOR
NAME 5-21-1984

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

P.G.C.

23d LOCATION
CITY OR TOWN
RIVERDALE. REGIS WAR'S SIGNATURE 1200 737

CHAMBERS CREM.

Md. 20910

SILVER SPRING, MAY 2 BY REGISTRAR 25 W. CHAMBERS CO. INC.

S. 1001 E STOL MARORA The state of the s ACCEPTED AND THE STREET TWENT AND THE STREET de. Dichars. Carristandones de la 19203 Dultaning de Markardia SILMATI BA TANS TERRORAL TARK SALINGS I ----- DVI DAD S AND STATES OF BACKERS OF STATES, NOT SERVER. Later to Manage are as on on engine to w.

20 8	FOR 1 - STATE REGISTRAR	DEPAR
1 15 1		OD LOD

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١.	FOR			DEP	ARTMENT OF H	EALTH AND MENTA	AL HYGIE	NE	1 /1	0 1	1
'	REGISTRAR				CERTIF	ICATE OF DEATH	1 8	REG. N	0.	0 .	2
	CEASED NAME	FIRST	GRACE A	MIDDLE	L	BLUN	TT	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE	OR PRINT)	RACE	-	ORR	BLU	NT		(MAY)	5 2	26 84	765 AM
3. SE	X	4	RACE	/	5. DAATU	g BIRT#2,1900	) 6	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	The second secon
	Form		White		MONTH	DAY YE	00	83	YRS.	ONTHS DAYS	HOURS MIN
7a BI	emale RTHPLACE ISTATE OR FO	DREIGN 7	CITIZEN OF		ITRY? 8		_ (	BALTIMORE CITY C		OF DEATH	1
C	OUNTRY)				MARRIE	NEVER MARRIE		_	_		
1	3/V/10/D/A- ITY OR TOWN OF DEA	TU 1	USA	JOSDITAL NI	WIDOWE	DIVORCE OTHER INSTITUTION		MON TO	GOMERY	Tab Kinin (	OF BUSINESS OF
10 C	IT OR TOWN OF DEA	III			STREET ADDRESS)	K OTHER INSTITUTIO		(TYPE OF WORK FOR MOST O			
SI	LVER SPRIN	G /	ILTHEA	Wood	DLAND.	NURSING HE	NE	H.MAKE	2	HOI	ME
USU/ 130M	AL RESIDENCE (IF NURS	ING HOME OR O 136 COUNT Mont	Υ	13c. CITY OR Bethe	TOWN	13d Inside City Lim	NITS?	3e. STREET ADDRESS	ago Roa	ad AC	2817
14 F A	THER'S NAME					15 MOTHER'S MAID	EN NAM		0		
V	James	B	ODIE	rr LAS	T	Fann	io	MIDDLE	Snell	1	ST
IAn V	VAS DECEASED EVER				SECURITY NO.	17 INFORMANT	16	ADDR		-	
0	YES, NO OR UNKNOWN)	(IF YES, GIVE W		219-54	1 10 0 1	Samuel D	. B11	ınt Same	as # 1	13	
	18 CAUSE OF DEATH	H (Enter only	BY.	2		7-	URE				XIMATE INTERVAL I ONSET AND DEATH
		MMEDIATE	CAUSE (0)	ONGES							
	Conditions, if any,	which	DUE TO, OF	RIER	10 SCREPE	STIC CARD	10 VA	scular D	SCASE	2	
	gove rise to imm	nediate	DUE TO O	2.15.1.60116	EQUENICE OF						
	underlying couse		DUE 10, O	RAS A CONS	SEOUENCE OF						
	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	(a)
8											
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ITION FOR W	HICH OPERATION	WAS PERFORMED		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND I	INGS USED S OF DEATH?
Ë								YES NOKK	YES		ио 🗆
	2 a ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
Ā	(IF EITHER, NOTIFY MEDICA		P.,		19						
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE			211 LOCATION		CITY OR TO	475.1	COUNTY	STATE
₹	AT WORK NOT WE	RK	(AT HOME, STR	REET, FACTORY, O	FFICE, FARM, ETC.)	SIREEI	0	CITTORIO		COUNTY	STATE
	22a.l certify that (1)	(this hospito		e deceased f	rom	lay 19	30	, to Wax, 2	4 1	907	that the (we) la
	saw the decease obove, (1) (we) (a	d olive on_		LG dooth	19 07 on	d that in (my) (our) a	ipinion de	eath occurred on the d	ate and haur	and from the	causes stated
	22b. SIGNAPORE	10) (0	view trie body	uner deom.		DEGREE				22c. DATE	ESIGNED
1	Pama	rolle	July 6	ented (	hex	ATTEND PHYSIC	ING	MEDICAL STA	FF CIAN [	5-2	6-84
	22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT)	·····		22e. ADDRESS					
	BERNAR	10 A.	FITZGE	FRALI				VD. EAST, -	Silver	SPRING.	Mel
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	1084		EMETERY OR CREMA	TORY	23d. LOCATION	Mont.	E.WAUO:	207 SPATE
,	Burial		May 29	, 1904	Gosher	1		Goshen	mon U.	PICI.	

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove cartion with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or test

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the hospital

BP.

injury, or other troumatic en

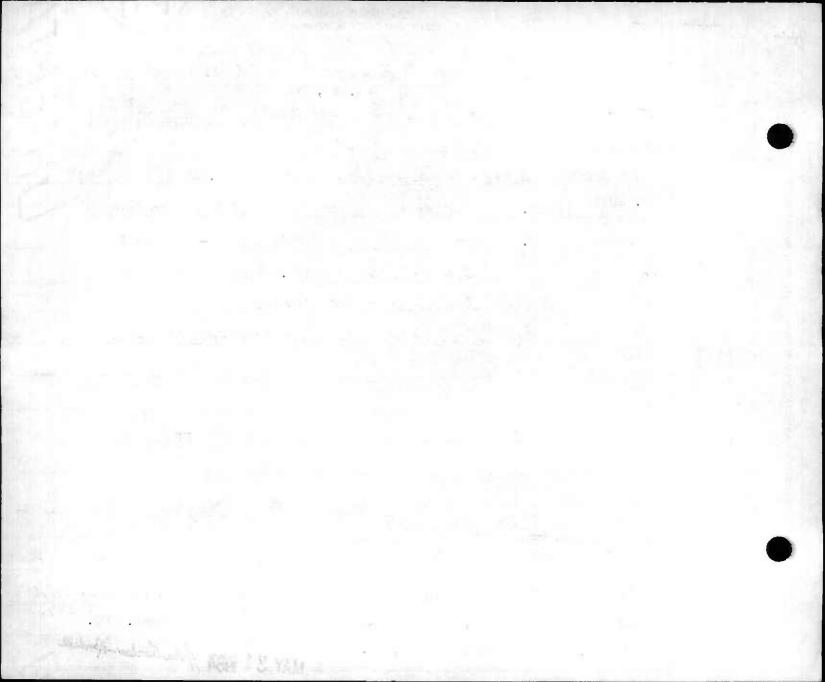
MPORTANT: If Item 21 is marked or Item, 18 shaws any

24 FUNERAL DIRECTOR FRANCIS H. BARBER

LAYTONSWELLE, MD.20879

Goshen Mont. Md.

250. DATE REC'D, BY REGISTRAR 250, SEGISTRAR 3



	1 - FOR STATE REGISTRAR Nadine			E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 4 REG. NO.	0 1 2
	1. DECEASED NAME (TYPE OR PRINT)	ne MIDDLE	<b>9</b>	line	20. DATE OF DEATH MONTH DA	YEAR 26. HOUR 6:15 4
	3. SEX Female.	4. RACE White	5. DATE C			FUNDER 1 YEAR IF UNDER 24 HRS
1	10. BIRTHPLACE (STATE ORFOREIGN COUNTRY) CTUTHER'S OKLA	76. CITIZEN OF WHAT	COUNTRY? 8.  MARRIE  WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUNTY O	
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPIT		OR OTHER INSTITUTION	120. USUAL OCCUPATION HOREORY REAST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRYOME
1	USUAL RESIDENCE (IF NURSING HOME OF	VT.Y 113c, C1	TY OR TOWN  Vy Chase	138. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 4320 Leland St.	20815
2	14. FATHER'S NAME PIRST Douglas	MIDDLE Mi	ller	15. MOTHER'S MAIDEN NA	ME MIDDLE E1.0	ler
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	(F 14/4 P OD DATES)	-28-1074A	John J. Bodin	ne son Item #13	3
	18. CAUSE OF DEATH (Enter or	nly ane cause per line far	(a) <sub>n</sub> (b), and (c) <sub>n</sub>	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSE			minuter
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	Due to, or as a consequence of Chromic Obstructive lung D  Due to, or as a consequence of Chromist Pulmonny		10 years
		RMINAL DISEASE OR COND	
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED JAP CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)

21f. LOCATION

22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (agr) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

19

224 PHYSICIAN'S NAME 22e. ADDRESS

23b. DAJE 5/30/84

P.M.

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Wisconsin Ave. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

Fairlawn Cem. 250. DATE REC

Oklahoma City, 25b. REGISTRAR'S SIGNATURE us Davidson Randelle

COUNTY

22c. DATE SIGNED

STATE

STATE

74 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.
NAME 5130 WI Ave, N.W. Wash DRESSDC 20016

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

and campletely filled in by the fu tages I and 2 should be filed with

please remave carbanpapers. Pages

the

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. at Health and Mental Hygiene priar ta burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

MEDICA

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

(SPEBUrial-Removal

TO FUNERAL DIRECTOR: After this certificate has been signed by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician njury, ar other traumatic event, the

executed within 24 haurs aft

death certificate be attending physician

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years and			AUSO SIN	1 1
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to most man a	don J. Bodt.	- mr-85-944		
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Charles I and America				
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Marie Marie Marie Marie A	91.0	ierte cum, ind	· · · · · · · · · · · · · · · · · · ·	

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# STATE OF MARYLAND

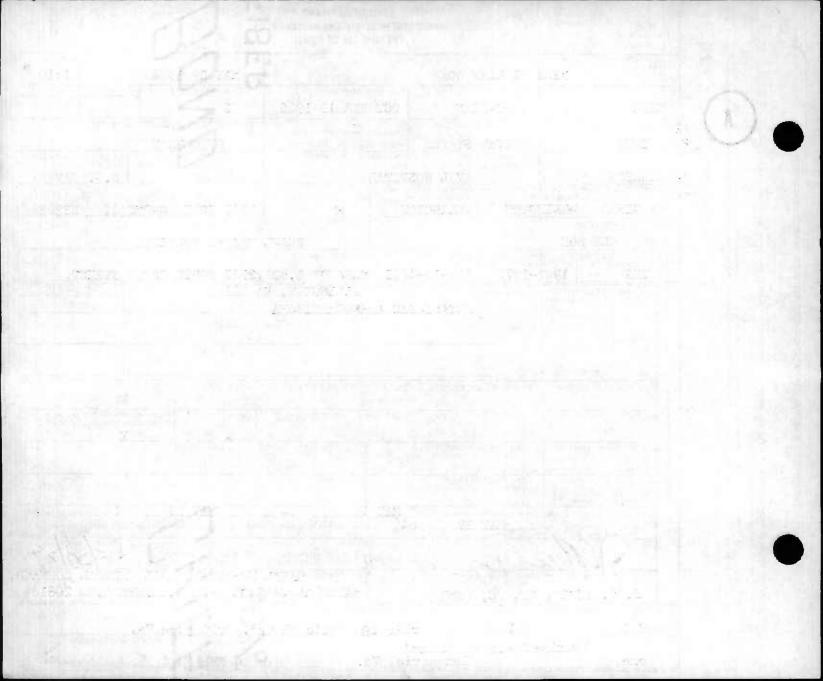
4	1	4	0	1	3
REG. N		3,			
TE OF DEATH					

I. DECEASED NAME					EALTH AND MENTAL HYG ICATE OF DEATH	8 4 REG. NO	0.	U	3
(TYPE OR PRINT)	FIRST		WIDDLE	L	AST		MONTH D	AY YEAR	26 HOUR
	NILS	WILLIA	M BOE			MAY 29 1	984		1:10 %
3. SEX	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	_	ONTHS DAYS	IF UNDER 24 HRS
MALE		CAUCAS	IAN	OCTO	BER 13 1920	63	YRS.	ONINS DATS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
IOWA		UNITED	STATES	WIDOWE		MONTGOM	ERY		MD
10. CITY OR TOWN OF	DEATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS OR
BETHESDA	X		NAVAL HOS			RETIRED		U.S.	NAVY
USUAL RESIDENCE (#	NURSING HI WE OUNTY		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	4	4444
VIRGINIA	ARLING		ARLINGTO		YES NO	2747 SOUTH		E ST	22202
14 FATHER'S NAME	MID	and a	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	
	BOE	JULE	LASI		PEARL	MARTHA POL	LIOTT	(AS	
160 WAS DECEASED E			16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE			
YES, NO OR UNKNOWN	1942-		482-14-4	069	ELEANOR L.BOE	.2747 SOUTH	GROVE	ESTREE	т.
Conditions, if gave rise to cause (a), s underlying co	immediate tating the	DUE TO, O	r as a conseque r as a conseque	NCE OF	DENOCARCINOMA	INAL DISEASE OR CON	DITION GIVE	N IN PART In	
					N WAS PERFORMED			WERE FINDIN	
	ERATION	196 COND	ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	757	NGS USED
190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH FINJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	ING CAUSES	NGS USED OF DEATH?
TO THE TIME TIME TO THE TIME TIME TIME TIME TIME TIME TIME TIM	ERATION  UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	21b. TIME O HOUR A. P.	ITION FOR WHICH  FINJURY  M. MONTH DA  M.	OPERATIO AY YEAR 19		200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	ING CAUSES	NGS USED OF DEATH?
TO THE STATE OF OP OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTION OF CONTRIBU	CAUSE OF DEATH MEDICAL EXAMINER)  URRED	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STR	ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REEL FACTORY, OFFICE, F.	OPERATIO AY YEAR 19	21c HOW INJURY OCCURR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	206 IF YES, IN CERTIFY YES	(ING CAUSES)  RT 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
TO THE STATE OF OP OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBU	CAUSE OF DEATH COURTED TWHILE WORK  It (I) (this haspital eased alive an e) (did) (did nat) s  WAME (TYPE OF PI	21b. TIME O HOUR A. PLACE (AI HOME STE MAY VIEW the bady	ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REEL FACTORY, OFFICE, F.  29  19 8  after death.	OPERATIO  AY YEAR  19  ARM. ETC.)  MAY	21t. LOCATION STREET  1984  and that in (my) (our) opinion of the physician  PHYSICIAN  22e ADDRESS NAVAL	ZOO AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MAY 2  death accurred an the do  MEDICAL STAI  DIRECTOR PHYSIC  HOSPITAL, N	28b. IF YES, IN CERTIFY YES IN TIEM 18 PA	COUNTY  9.84 and from the 22c. DAVE	NGS USED OF DEATH? NO  STATE  that (I) (we) last causes stated SIGNED
TO THE THE NOTIFY OCCUPANT OF THE NOTIFY OCCUPANT OCCUPAN	CAUSE OF DEATH MEDICAL EXAMINER) TWHILE WORK  It (1) (this haspital eased alive an e) (did) (did not)  NAME (TYPE OR PI	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STR WAY view the bady	ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REEL FACTORY, OFFICE, F.  29  after death.  USNR	OPERATION  Y YEAR  19  ARM ETC.)  MAY  14  , or	216. HOW INJURY OCCURE  216. LOCATION STREET  19.84  and that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN [ 220. ADDRESS NAVAL NATIONAL CAP	Z00 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MAY 2  death accurred an the do  MEDICAL STAT  DIRECTOR PHYSIC  HOSPITAL, NO  TITAL REGION	28b. IF YES, IN CERTIFY YES IN TIEM 18 PA	COUNTY  9.84 and from the 22c. DAVE	NGS USED OF DEATH? NO  STATE that (I) (we) last causes stated SIGNED
TO THE THE PROPERTY OF THE PRO	CAUSE OF DEATH MEDICAL EXAMINER)  URRED OT WHILE  (I) (this haspital eased alive an e) (did) (did nat) v  ASHER, L  DN, REMOVAL	21b. TIME O HOUR A. PLACE (AI HOME STE MAY VIEW the bady	ITION FOR WHICH  IF INJURY M. MONTH DA M.  OF INJURY REEL FACTORY, OFFICE, F.  29  after death.  USNR	OPERATION  Y YEAR  19  ARM. ETC.)  MAY  ARM. OF C	21t. LOCATION STREET  1984  and that in (my) (our) opinion of the physician  PHYSICIAN  22e ADDRESS NAVAL	ZOO AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MAY 2  death accurred an the do  MEDICAL STAI  DIRECTOR PHYSIC  HOSPITAL, N  PITAL REGION  23d LOCATION  CITY OR TOWN	28b IF YES, IN CERTIFY YES YES IN THEM 18 PA	county  9.84 and from the  22c. DAVE 5.5 EDICAL ESDA, MI	NGS USED OF DEATH? NO  STATE  that (I) (we) last causes stated SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical hould be detoched for use as the burial-tronsit permit. Then please remave carbanpope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumotic event,

Everly-Wheatley Funeral Alexandria, Va. RAL D Home.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the for should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

# STATE OF MARYLAND

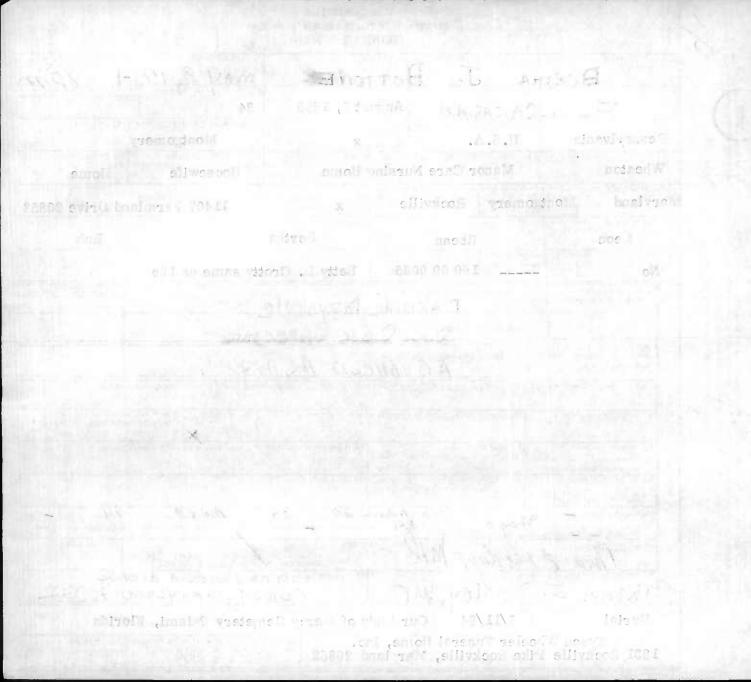
1-	FOR - STATE REGISTRAR			DEPARIM		EALTH AND MENTAL HYG ICATE OF DEATH	2 4	4	U	(fe
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST .	20 DATE OF DEATH	MONTH DA	AY YEAR	2h. HO
1.5E)	×	erm	4. RACE	own of	S. DATE C	DF BIRTH LIST 9 DAY 1899 EAR	AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF VNDE
	IRTHPLACE (STATE OR COUNTRY) ennsylvani		CAUCAS 76 CITIZEN OF U.S.	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	YRS. I OR COUNTY O TO METY		
10. CI	ity or town of de Wheaton			HOSPITAL, NURSING Dr Care Ni	G HOME C	OR OTHER INSTITUTION	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWILL)		12b. KIND C INDUSTRY HOT	
1 10 0	AL RESIDENCE (IF NUR STATE and		other institution.	GIVE RESIDENCE BEFORE  130 CITY OR TOWN  ROCKVIII		13d. INSIDE CITY LIMITS? YES MO [	13e.STREET ADDRESS . 11407	zip code Farmla	and Dri	ve 2
14. FA	Leon		MIDDLE	Rhenn		is. mother's maiden nam <b>Bert</b> ha	WIDDIE		Bu	b
16a. V	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	160 09 00		Betty L. Cro	tty same as			
	4140		TE CAUSE (a)		JIAC	172724JG				
	Conditions, if any gave rise to im cause (a), state underlying cause	, which mediate ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	NUS SYNDR	ome 19			
NO	gove rise to im couse (a), stati underlying caus	IMMEDIAT I, which imediate ing the e lost	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE R AS A CONSEQUE	NCE OF VAN	10 1511	13	DITION GIVE	N IN PART 16	o
TIFICATION	gove rise to im couse (a), stati underlying caus	/, which mediate ng the e lost	DUE TO, O  (b)  DUE TO, O  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQUE	NCE OF VAN	CED ASH	13	20b. IF YES,	WERE FINDI	NGS USE
CAL CERTIFICATION	gave rise to im cause (a), stati underlying cause	/, which mediate ng the e lost.  NIFICANT (  ATION  ADERLYING CAUSE OF DEAL	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  17b. TIME CO  HOUR A.	R AS A CONSEQUE	NCE OF LEATH BUT	NOT RELATED TO THE TERMIN WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USE
MEDICAL CERTIFICATION	gave rise to im couse (a), stati underlying caus.  PART 2. OTHER SIG	IMMEDIAT  (, which immediate in the property of the property o	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  21b. TIME CO HOUR A.  P.  21e. PLACE	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DAM	NCE OF NCE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USE
	gove rise to im couse (a), stati underlying cous.  PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d. INJURY OCCUR  WHILE NOTIFY MED  22a.1 certify that (I saw the dece	IMMEDIAT  (, which mediate ng the e lost.  ATION  ATION  ADERLYING CAUSE OF DEAL EXAMINER RED  ORR  I Which hospi	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A. (a)  21c. PLACE (AT HOME STI	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	NCE OF NC	NOT RELATED TO THE TERMIN WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  20 19 84  and that in (my) (am) opinion of	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	20b. IF YES, IN CERTIFY YES  RY IN TIEM 18 PAR	WERE FINDING CAUSES  RT 1 OR PART 2)  COUNTY  9	NGS USE OF DEA NO (
	gove rise to im couse (a), stati underlying cous.  PART 2. OTHER SIG  19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHITE NOTIFY ACT AT WOR.  22a.1 certify that (1) sow the deceo	IMMEDIAT  I, which mediate mediate mediate mediate mediate. The mediate mediat	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME O  HOUR A.  P.  21e. PLACE  [AT HOME, STI	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	NCE OF NC	NOT RELATED TO THE TERMINAL NAS PERFORMED  211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	20b. IF YES, IN CERTIFY YES  RY IN TEM 18 PAR  ote and haur	WERE FINDING CAUSES  TO THE PROPERTY OF THE PR	NGS USE OF DEA NO (

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital ar

1331 Rockville Pike Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 1 4 1984



Herbert Bozarth May 17, 1984  3. SEX	1,	FOR - STATE	DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG	SIENE 4	140	1 5
Herbert   Bozarth   May 17, 1984   1700	1.1		WIDDLE					2b HOUR
SEX			bert	Boza:	rth	May 17. 1	984	1:05
Male    Total Control   Total	3.	SEX	4. RACE				THDAY) IF UNDER 1 YE	
To. BIRTHPLACE   STATE OR FOREIGN   TO. CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   NOT COUNTRY OF DEATH   NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   The USUAL OCCUPATION   The Usual Occupatio		Male	caucasian			71		YS HOURS A
New Jersey USA widowed by Divorced Monte on the Institution 18 cuty of town of Death 18. City of town of State (and Stat	70.	BIRTHPLACE (STATE OF FOREIGN		PY2 8		9 BALTIMORE CITY O	1110	
Takoma Park    In Name of Hospital, Nursing Home or other institution   17a USUAL OCCUPATION   17b Inho of Busines   17a Name   17a USUAL RESIDENCE (# Nursing Home or other institution one #sporest Earloadess)   17a Name   17a USUAL RESIDENCE (# Nursing Home or other institution one #sporest Earloadess)   17a Name   17a USUAL RESIDENCE (# Nursing Home or other institution one #sporest Earloadess)   17a Name   17a USUAL RESIDENCE (# Nursing Home or other institution one #sporest Earloadess)   17a Inho of Pusines   17a Inho		New Jersey	USA			Montgo	merv	
Takoma Park Washington Adventist Hosp. Finisher Concrete  USUAL RESIDENCE IF MURSING LOGIC CONTROL OF RESIDENCE BEFORE ADMISSION 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE  136 STATE  137 STATE  138 CITY OF TOWN  Maryland P. G. Hyattsville  138 MOTHER'S MADE NAME  FIRST  Not available  BOZATh  SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  14 NOT AVAILABLE  15 MOTHER'S MADEN NAME  FIRST  MODIE  LAST  Not available  BOZATH  16 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  18 CAUSE OF DEATH Inforer only one couse per line for (a), (b), and icc.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a), stoting the underlying couse lost.  MODIE  18 CAUSE OF DEATH Inforer only one couse per line for (a), (b), and icc.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.G.  19 DUE TO, OR AS A CONSEQUENCE OF  (c) SENERAL EMPHRESE MA. CAUSE IN INC.  19 DUE TO, OR AS A CONSEQUENCE OF INC	7/10.	CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126, KINE	
USUAL RESIDENCE IF NURSHON LAWS OR OTHER INSTITUTION GIVE RESIDENCE SEPORE ADMISSION)  IS CHITY OR TOWN  Maryland P. G., Hyattsville  IS CHOR TOWN  Maryland P. G., Hyattsville  IS MOTHER'S MANE  FIRST  MODIE  LAST  Not available  BOZATh  Emma  Not available  Not available  Not available  Not available  BOZATh  Emma  Not available  Not available  Not available  Not available  Not available  Not available  If FEED WAR WAR OR DEETS  IF FEED WAR OR DEETS  IF FEED WAR WAR OR DEETS  IF FEED WAR OR DEETS  IN CERTIFYING CAUSES OF DEATH  IF FEED WAR OF DEATH  IF FEED WAR OR DEETS  IN CERTIFYING CAUSES OF DEATH  OR CONTINUENTED CAUSE OF DEATH  IF FEED WAR OR DEET WAR OR DEET FAIR DEET WAR DE	16	Takoma Park			tist Hosp.			
Maryland F. G. Hyattsville    Maryland F. G. Hyattsville   YESX   NO     1503 Quinwood St. 2078		OUAL RESIDENCE (IF NURSING HOME N36 CO	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	•	13e STREET ADDRESS	ZIP CODE	
Not available  Bozarth  Bozarth  Signate  Not available  Bozarth  Signate  Not available  Bozarth  Signate  Sig								2078
Not available  Bozarth  Emma  Not available  Bozarth  Itis was deceased ever in u.s. armed forces?  Itis social security no.  It informant  Address  Address  Address  Address  Address  Itis was devined by the social security no.  It informant  Address  It informant  Address  Address  Address  Address  Address  Address  It informant  Address  A		FATHER'S NAME	MIDDLE LAST			ME		LAST
166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   17 INFORMANT   ADDRESS   18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY.   APPROXIMATE INTERVIEW   PART I. DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (a)   END CAR DIT/S   HEART FAILURE   DUE TO, OR AS A CONSEQUENCE OF   COnditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.   (c) END CAR DIT/S   HEART FAILURE   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF	14			th	_		Not avai	lable
Yes W. W. #2 154-03-5383 Renata A. Shutt-Same as items #13    APPROXIMATE NATES	19 160	. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE		
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSE (b)  CONDITION  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19 216. INJURY OCCURRED  216. PLACE OF INJURY  P.M.  19 211 LOCATION  SIREET  CITYOR TOWN  COUNTY  COUNTY  SIREET  CITYOR TOWN  COUNTY  CO	Link	Yes No or unknown) W.		3-5383	Renata A.	Shutt-Sam	e as item	15 #13
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FTC.)  STREET  CITY OR TOWN  COUNTY  STA	NOILE	underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c) Severe	Employed to DEATH BU	I NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FTC.)  STREET  CITY OR TOWN  COUNTY  STA	54 g	196 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATIO	ON WAS PERFORMED	4.5	IN CERTIFYING CAUS	SES OF DEATH
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FTC.)  STREET  CITY OR TOWN  COUNTY  STA		210. ACCIDENT WAS UNDERLYING		DAM MEAN			RY IN ITEM 18 PART I OR PART I	?)
21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 41 MORK NOT WHILE NOT WHILE NOT WORK NO			DEATH					
WHILE NOT WHILE AT WORK AT WORK	/ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	21d. INJURY OCCURRED	21e PLACE OF INJURY			CITY OR TO	wn COUNTY	STA
	3	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	ICE, FARM, EIC ]	JACE			
		sow the deceased alive	on 5/6/1	9.84.0	nd that in (my) (our) opinion	death accurred on the de	ate and hour and from t	he couses stat
sow the deceased alive an		22b. SIGNATORE	liot) view rise body oriel deom.	,	DEGREE		22c. DA	TE SIGNED
obove, (1) (we) (did) (did not) view the body after death.	1	Tomy P. K	annarkat	- M	ATTENDING PHYSICIAN	DIRECTOR   PHYSIC	IAN 5/	17/8
obove, (I) (we) (did) (did not) view the body after death.  22b. SIGNATORE  DEGREE  ATTENDING MEDICAL STAFF  12c. DATE SIGNED	$\mathcal{T}$	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS			
obove, (1) (we) (did) (did not) view the body after death.  728. SIGNATURE  TOM P. Kannarkat  M  DEGREE  ATTENDING  APPLICAL  STAFF  PHYSICIAN  DIRECTOR  PHYSICIAN  5/17/80	/	Tony Kann	arkat. M. D		8201 16th	S+		
Obove, (1) (we) (did) (did not) view the body after death.  2726. SIGNATURE  TOMP F. Kannarkat  ATTENDING DECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 5/17/80  2726. PHYSICIAN'S NAME (TYPE OR PRINT)  2726. DATE SIGNED  5/17/80	7 23	BURIAL, CREMATION, REMOVA		23c. NAME OF		23d LOCATION		
obove, (I) (we) (did) (did not) view the body after death.  272b. SIGNATURE  TOMY P. Kannarkat M. D. B201 16th St.  230 BURIAL, CREMATION, REMOVAL 123b. DATE  231c. NAME OF CEMETERY OR CREMATORY 123d LOCATION		Burial ()	5/18/84	Gate	of Heaven			
obove, (I) (we) (did) (did not) view the body after death.    Torny P.   Kannarkat   M. D.   B201 16th St.	24	FUNERAL DIRECTOR			S+ N III IN NV			ATURE 00
Obove, (I) (we) (did) (did not) view the body after death.    226. Date Signed   178. Signature   178. Signa	B3	Takoma Frinara	Home Works	ALL OIL	DO.M.W.WW	41 1964	we were ason-	- Inches

Md.

DHMH - 16 50M 4/B3

Takoma Funeral

Home-Washington

executed within 24 haurs after

death certificate be

requires that the

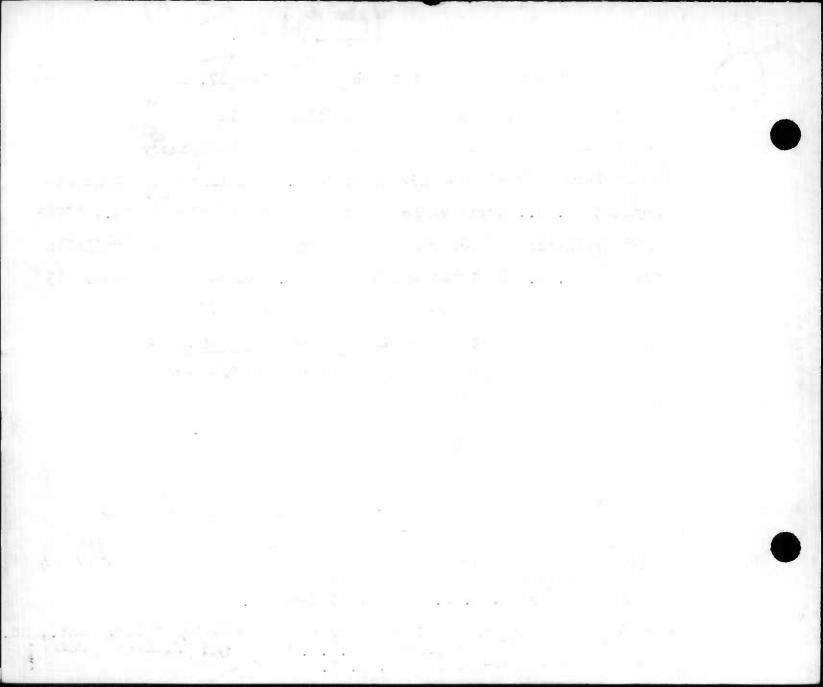
PHYSICIAN: The low

OR ATTENDING

TO HOSPITAL

BP

(VRA 15, 4)



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE
CERTIFICATE OF DEATH	8

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H	YGIENE &	REG. NO.	4	0 1	6
	CEASED NAME E OR PRINT)	FIRST	Am	P	3666	Eman	20. DATE 0	F DEATH MO	A 60	YEAR	26 HOUR 5 M
3. SE	x Male		RACE C	auc.	5. DATE C	DE BIRTH DAY 1888	6. AGE (IN	PARS LAST BIRTHDA	YRS.	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR F COUNTRY)	FOREIGN 7b.	USF	WHAT COUNTRY?	8. MARRIE WIDOWE	1	9. BALTIMO	ORE CITY OR C	3 M	DEATH	MD.
B	HELLA	me	914 O	H FACUITY, GIVE STREET	ADDRISS)	OR OTHER INSTITUTION	(TYPE OF WOR	occupation in the second secon	ORKING LIFE) IT	NDUSTRY	ile Mfg.
	ALRESIDENCE (# NURS STATE)	136 COUNTY	GWLTY	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	6/21	ADDRESS / Z	P CODE	RR	20857
14. F	Bernard	MIDI	DLE	Breeman		Dora	NAME	WIDDLE			nown)
	WAS DECEASED EVER [YES, NO OR UNKNOWN] NO	(IF YES, GIVE W.		166 SOCIAL SECU		Bea Lawrence	ce; 970]	ADDRESS L Field	-		- 20878 hersburg
	18 CAUSE OF DEATH PART I. DEATH W		Y: CAUSE (o)	Pulson R AS A CONSEQUE	on	ary Ede	ma	,		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote ig the	(b)	Myoc RAS A CON DU	ara	levotet Hear	of Res	earl		7	any
NO	PART 2. THER SIGN	HENE	VIDITIONS <u>CC</u>	CAPAN CAPAN	E ATH BUT	NOT BELATED TO THE TE		FOR CONDIT		N PART III	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [	NO NO	DB. IF YES, WE CERTIFYING YES		
1	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN	ITEM 18 PART T	OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	SILE	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET		CITY OR TOWN	,	COUNTY	STATE
	229.1 certify that (1) saw the decease above 11 we 11	AND THE PARTY OF PARTY OF		Commen	44	nd that in (my) (our) apinio	Y, to on death occurre	5/5/ ed on the date	ond hour one	from the	tho (11) (we) lost couses stated
	THE SICHNATURE	, she	rer	mp		DEGREE ATTENDING PHYSICIAN		STAFF	۷ 🗆	5/5	SIGNED
	221 PHYSICIAN'S NA	AME (TYPE OR PR	INT)	)		22e. ADDRESS	are Do	11/1	eaton	mo	20906

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
NOTWALK,
EC'D. BY REGISTRAR 25b.

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR: After should be detoched for use with the State Dept. of Heal MPORTANT: If Item 21 is

k, Connecticut

Burial 5-7-1984 Independent Heb. Soc.

Rockville, Md. 30 DATE REC'D.
Danzansky-Goldberg Chapels; 1170 Rockville Pike 10

A SELECTION OF THE SELE 8781 21-18 Carlotte and the contract of t markey was with A Committee age of the

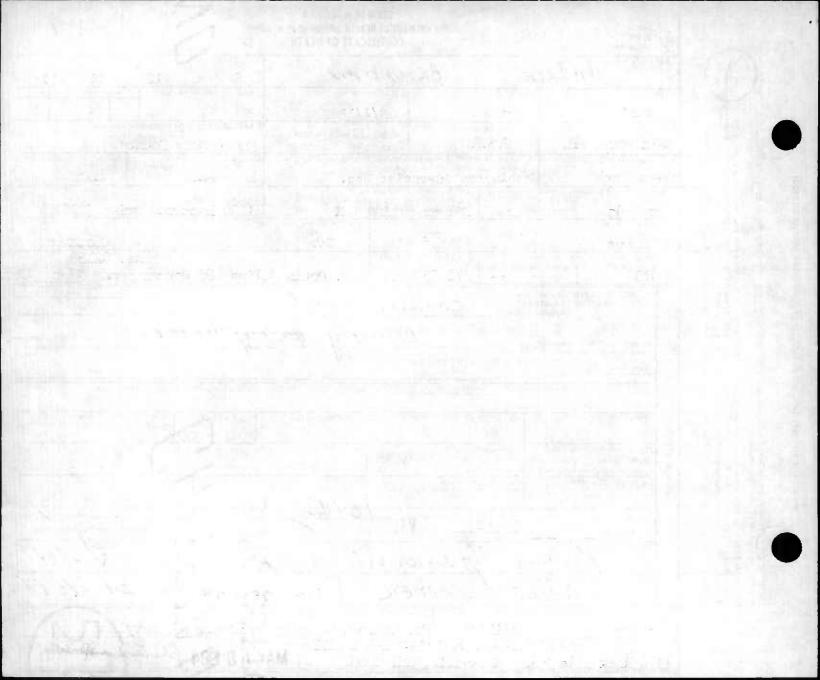
	1 -	FOR • STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	1017
		CEASED NAME FIRST HARRI	ET BR	INKMAN	20. DATE OF DEATH MONTH	DAY YEAR   2b. HOUR   9:17a M
h	3. SE	x Female	4.RACE White	5. DATE OF BIRTH  MONTH  9/4/1897	6. AGE (IN YEARS LAST BIRTHDAY)  86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
かり	Ba	Itimore, Md.	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	Montgomery County	ity, MD.
	ako		Vashington Adve	ntist Hsp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY Home
95	13a. S Ma	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN MONTO	TY 13c. CITY OR TO	Spring YES X NO 1136. INSIDE CITY LIMITS?	130 STREET ADDRESS Lockwood I	rive (20901)
50		Julius	Wolf	Eva	WIDDLE	Morris
event, me mediko		NAS DECEASED EVER IN U.S. ARAYES NO OR UNKNOWN)  (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 578-20-		ADDRESS Mas ulius; 86 Dorcar	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CO	arrow of you	leng dis eare.	
along the first	NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERA	NINAL DISEASE OR CONDITION GIV	EN IN PART 110
1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 1	
is morked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
rem z i is		obove, (I) (we) (did) (did not	S-12-19.	8 , and that in (my) (or) opinion	deoth occurred on the date and hou	r and from the couses stated
		226. SIGNATURE	el Man	ATTENDING PHYSICIAN 2220, ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	S/12/84
MPORI AND IN		ROBE	RT OKRAT		beakon we	S.C 816 NO

signed by the ottending physicion and can hen please remove carbon papers. Pages 1 TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transity with the State Dept. of Health and Mental Hygier TO HOSPITAL OR ATTENDING retained by the hospital

23b. DATE

230. BURIAL, CREMATION, REMOVAL
BUTTIAL Brentwood, Maryland STATE 5/15/84 Lincoln Cemetery <sup>24</sup> FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMOR 1170 Rockville Pike; Rockville, Md. CHAPELS 250. DATE REC'D. MAY 1 No REGISTRAR'S SIGNATURE DANZANSKY-GOLDBERG MEMORIAL DHMH - 16 50M 4/82 20852 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY



ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAKYLAND 21201  If The law requires that the death certificate be executed within 24 hours after death. Page 4 may alcian.	ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/201	I. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be subject.
	ESTON ST., BALTIN	death certificate be

STATE OF MARYLAND

1-	STATE REGISTRAR		DEPARIM	CERTIF	ICATE OF DEATH	REG. NO	1 4	0 1	
	CEASED NAME FIRST		MIDDLE	t	AST		MONTH DA	Y YEAR	2b. HOUR
	M	ary	0.	E	3rown	May 19, 1	984		M
3. SE	Female	4. RACE B1	ack	5. DATE C	y 12°, 1897	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED X	9. BALTIMORE CITY O MONTGON		OF DEATH	MD.
	Rockville		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEW)	on F working (IFE) fe		OF BUSINESS OR
134. 5	AL RESIDENCE (IF NURSING MOME OF TATE Md. 136 CQ	ontg.	ROCKV 19		13d INSIDE CITY LIMITS? YES 🛣 NO 🗋	130. STREET 302 FEST	rst St	reet	2085
14 FA	THER'S NAME Ophie B	MDDLE <b>POWN</b>	LAST			ucy Genies		LA	ST
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDRE	SS		
	YES, NO QRUNKNOWN) (IF YES, G	IVE WAR OR DATES!	579-44-	2427	Estella Mas	on (Daughte	r) sam	e as i	#13
CERTIFICATION	Canditians, if pny, which gave rise to immediate couse (D), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	(c) CONDITIONS <u>C</u>		DEATH BUT	A . llg NOT RELATED TO THEFTERM	200 AUTOPSY?	IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
E						YES NO	YES		NO 🗆
MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM TS PAR	RT I OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a.l certify that (I) (this has saw the deceased alive a abave, (I) (we) (dish) (did r			83,0	nd that in (my) (907) apinion	death accurred on the do	ate and haur	and fram the	that (I) (ve) last causes stated
	Fraull	west	liel	-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗆	22c. DATE	SIGNED
	223. PHYSICIAN'S NAME (TYPE Frauke	Westpha			809 Viers M	ill Rd., Ro		e, Md.	20850
	BURIAL, CREMATION, REMOVA  SPECIFY)  Burial	5-24	1-84 No	orbec	emetery or crematory k Memorial Pai		, Mont	g. Md.	STATE
	uneral director George R. Snow		246 N. Was Rockville	shing , Md.		e rec'd. By registrar 23 1984	25b. REGISTR		Holes

DHMH - 16 50M 4/82 (VRA 15, 4)

5 6 9		nell	MC-	CIVILS	yorau	m			0 0	7101	L
mo ter c	3. SE)		4. RACE		5. DATE OF	BIRTH	6. A	GE (IN YEARS LAST BIR	(YADAY)	MONTHS DAYS	
soft	0	emalo.	Whi	te.	2	14	03.	81	YRS	M.O. T. DATE	110000
10 A/V	₫o. Bl	RTHPLACE A STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.		_ 9 B	ALTIMORE CITY C		Y OF DEATH	
MX	1	RTHPLACE STATE OR FOREIGN COUNTRY) WASH DC	4-5	A.	WIDOWED		ORCED XX	Montes	mer	y Cou	inly
AVO	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OTHER INST	ITUTION 12a	USUAL OCCUPAT			OF BUSINE
Las NX	5.	luor Soring	Harl IN SU	CROSS		0		SALES CLE			NNS D
1 20	USUA	AL RESIDENCE LINUALING HOMES	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	11					STO
Part of the second	M.	ARYLAND MONT	GOMERY	SILVER S	PRING		NO [] 1	STREET ADDRESS 0820 GEOF	RGIA A	VENUE	20
2 5 g	14. FA	THER'S NAME	MIDDLE	IAST	1		MAIDEN NAME	MIDDLE			AST
de la		SAMUEL	7776	JONES		HA	RRIETT			FIN	IK
S - S - S - S - S - S - S - S - S - S -		VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17. INFORMA	NT SON	2898	5 <sup>SS</sup> COVE	CAVE	DRIVE
Page .	()	(IF YES, G	IVE WAR OR DATES)	578-0	7-6115	CHARL	LES L. BR			TER, FLO	
pers ol.		18. CAUSE OF DEATH (Enter of	anly one couse pe	line for (a), (b), o	nd (c+)	112	10	,	1	APPRO BETWEE	DXIMATE INTER
phy mov went		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	Huer	Fail	ure	+ Cirr	hosis			
ing rrbo rre fic e		57 HI			15,165,05						
e co on, c		Conditions, if ony, which	DUE TO, C	RAS A CONSEQU	leuk	PILLE					
mov notice troc		gove rise to immediate	(b)_	1.		·Conce					
y. th cren ther		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQU	JENCE OF	10 -	Non A	Man	R	7	
ed booleos			(c)	1400	corn						
sign nen po bu	Z	PART 2 OTHER SIGNIFICANT		-	DEATH BUT N		1 +	S	DITION GIV	VEN IN PAKI	Ita
y in the	Tio	IN DATE OF OPERATION	61100	ITION FOR WHICH	_ VCO (	e cy	- 11	a AUTOPSY?	Tank IE VE	S, WERE FIND	ANICE HEER
s or s or	CERTIFICATION	5/01/2V	176. COND	IIION BOK WHICH	1 OPERATION	0.		/	IN CERTI	FYING CAUSE	ES OF DEAT
sit p	FT	0/21/01	CV	Olech	STITI	s Cha	15	SON NO DE		ES 🗌	NO [
Hy 18		OR CONTRIBUTING CAUSE OF D	216. TIME O	M. MONTH D	AY YEAR	ZICHOW IN.	JURY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
entiplication of personal pers	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	- 19						
his of Man	ED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE.		211 LOCATIO	N	CITY OR TO	OWN	COUNTY	S'
s the	2	WHILE NOT WHILE AT WORK		REEL, FACTORY, OFFICE.	PARM, CICI						
Se o Se o month		22a.1 certify that (1) (this hos	offul) offended th	ne deceased from	- 1-	28	19 93	10 3-	- 1	19 53	, that (I) (v
OR OF U		sow the deceased alive a	n May D	0 0	84 ond	that in (my)	(our) opinion death	occurred on the d	ote and hor	ur and fram th	ne couses sto
ed for	- 1	obove, (I) (we) (did) (did r	not) view the body	ofter death	DE	EGREE				22c. DA1	TE SIGNED
1 0 0 m	1	1 )/-	SIAM	41	)		TTENDING ME	DICAL STA	FF _		
Z det	- 1	224 PHYSICIAN'S COME ITTE	CL	100		22e ADDRESS		ECTOR   PHYSIC	IAN []		1
d be		TO THIS KINN S BOOME ITHE	1001	1		114,5		1 01	VAI	W Sn	He.
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0 1 5 3 5	0.0			1 22	MANUE OF CE			MOCATION			

23b. DATE

TONES

FOR

- STATE

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

BURIAL

DHMH - 16 50M 4/82

(VRA 15, 4)

DECEASED NAME (TYPE OR PRINT)

PRIGEO 5/30/84 CEDAR HILL CEMETERY 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. REGISTRAR 256, REGISTRAR'S SIGNATURE 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 Cultarinin of

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

REG. NO.

20. DATE OF DEATH

SUTTLAND

26. HOUR

IF UNDER 24 HRS

126. KIND OF BUSINESS OR

EARWATER, FLORIDA 33520

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

date and hour and from the causes stated

KANNS DEPT STORE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

, that (I) (we) lost

Sute 312

MD.

20902

The same of the sa Lucy Follows (Carlors ) 1 to the Kennya dept A soll - stilling of A CATALONIO CATALONIO DE LA CA SULLLAND PKI GEO

20M 4/82

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		best was
AND	in thirds bive	
IN EL COUT O LO COUT.	Brier-year 2880-85-610	

# requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and campitate, tilled in by should be detached for use as the burial-transit permit. Then please remove corban popers. Pages a and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

				STATE OF MARYLAND		
. 2	1	STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	021
me		CEASED NAME FIRST	MIDDLE	IAST	20 DATE OF DEATH MONTH DATE	YEAR 26 HOUR
deor	2.00	EIRA	beth Henrietta	SRUBACHER)  15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER LYEAR OF UNDER 24 HRS.
offer p	1.5E)	emale	RACE	MONTH DAY YEAR	77	ONTHS DAYS HOURS MIN.
WWW.	-	RTHPLACE (STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUNTRY?	12 19 06	9 BALTIMORE CITY OR COUNTY O	DF DEATH
( N		nns ulvania	1154	MARRIED NEVER MARRIED WIDOWED DIVORCED	moustanne	OII ME
( " + )		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
10%	-	· Ilver Spring	Holy CROS	11	Housewike	II40051R1
and by the		STATE , 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW GONERY When to	/N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP GODE	1 DRIVE
12/1/		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
10 (10 C)		Killian	Laschalt	Elizabet	th	Unknown
diea diea		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	nusbo		
rs. Po		NO	578-09-4		Brubacher Same a	is 13
a physical and popel emanal.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a)	RESPIRATORY	ORREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
corb n, or r matic		5921	DUE TO, OR AS CONSEQUE	ENCE OF	my EN BULKY	
motio rotio		Conditions, if any, which gave rise to immediate	(b) 10000		TO DO TO THE	+
crer other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF		
buria buria ury, ar	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	N IN PART 11a
ny inj	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, N	WERE FINDINGS USED
S O	IFIC,	5-19-84		TERRY OFLOUGE		ING CAUSES OF DEATH?
0 A	CERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
ntoll intell	1	OR CONTRIBUTING CAUSE OF DE.		19		
d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR JOWN	COUNTY STATE
as th th an orked	~	AT WORK NOT WHILE AT WORK			5/43/	8
is a		27s.1 certify that (I) (this Map	ital) attended the deseosed from_	19 4	death occurred on the date and hour of	that (I) (we) last
ot. of			ew the body after death.	DEGREE DEGREE	deoni occurred on the dote ond nour o	22c. DATE SIGNED
# The Charles				_	MEDICAL STAFF DIRECTOR PHYSICIAN	5/27/84
or the Stat		220. PHYSICIAN'S NAME (TYPE C		22e ADDRESS	DIRECTOR PHYSICIAN	12/10/1
should be de with the Stor		G102/0 1. S	CARZECLA	7.2 PG20 Fent	m St Silve Sp	71920716
- 50 3 ≥1		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
		Burial	May 30, 1984 Ga	te of Heaven	Silver Spring M TEREC'D. BY REGISTRAR 256. REGISTRA	ont Md.
50M 4/83 5, 4)			is J. Collinsodress	7111	. 4 2555 1	~^ w. ** ' · · · ·
	1 7//	O IMPONSITO KI	Un III SIVION C	Sintring Md	· · · · · · · · · · · · · · · · · · ·	la la

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4022

	REGISTRAR	IVIE	DICAL EXAMINER	S CERTIFICATE OF DEATH	5, NO.
	CEASED NAME FIRS	7	MIDDLE	LAST Ze. DATE KNOW	N MONTH DAY YEAR 76. H
{111	PE OR PRINT)	20 -	11 - 1	VW ESTI-	X 1240 12
SEX	X 4. RACE	5. DATE OF BIRTH		UNDER 1 YR. JIF UNDER 24 HRS. 26. DATE	MONTH DAY YEAR 2d H
	E W	MONTH DAY	YEAR LAST BIRTHDAY) M	ONTHS DAYS HOURS MIN PRONOUNCED DEAD	1.112K h
To BI	IRTHPLACE (STATE OR	7h CITIZEN OF W	/HAI COUNTRY? 8	9 BALTIMORE C	ITY OF COUNTY OF PEATH
	DREIGN CQUNTRY)	U.S.A	M	ARRIED   NEVER MARRIED	
West	Arkansas			OWED DIVORCED 1 /16	Noomery
III. CI	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR ( ACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE	OR INDUSTRY
1	120,751	1005	env. Blvd.	C. A. 301 Waitress	Restaurant
USUA Ma. S		OME OR OTHER INSTITUTION, O	136. CITY OR TOWN	13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS	1209/7
150. 0	Me 1	U orato	TILPK	YES NO 1005 Cune	BIVE. ELON3
14, FA	ATHER'S NAME		1,20,10	15. MOTHER'S MAIDEN NAME	
	Tom	MIDDLE	Pistole	Florence	Richev
16a. V	WAS DECEASED EVER IN U.S	ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT Upper Mark	poro, Md. 20772
	ES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	217 36 9173	Terry L. Griggs 10808 H	rookwoodAve.
	18. CAUSE OF DEATH (Ente				APPROXIMATE INTER
	PART I DEATH WAS CA	USED BY:	1 1 1	hyonic Alasholi	BETWEEN ONSET AND D
	ZAZA IMME	DIATE CAUSE (a)	cutoto	hybric Alcsholi	m
	3030	DUE TO, O	R AS A CONSEQUENCE OF		
	Canditions, if any, w				
	gave rise to immed		3.15.1.50.15.15.15.15.15.15.15.15.15.15.15.15.15.		
	couse (a) stating the <u>un</u> lying cause lost.	DUE TO, O	R AS A CONSEQUENCE OF		
	7-7-	(c)			
	PART 2 DTHER SIGNIFICATE CONSTI	IDNS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DI	SEASE DR CONDITION GIVEN IN PART 1 (a)	
N	106	20			
CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH OPERATION	N WAS PERFORMED?	20. AUTOPSY?
J.	1/1.				
E	1000				YES NO
	210. EXTERNAL CAUSE WA		M. MONTH DAY YEAR	. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE				
ĕ	214 INJURY OCCURRED			LOCATION	
ME	WHILE NOT WHILE	STREET, FA	CTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY 51
	AT WORK AT WORK				
	22a. I certify that I taak o	harae of the remains de	scribed above held on A	trapsy , Inspection , Inquiry ,	and in my apinion
		narge at the remains at	Scribed abave, field diff	nopsy	Ond in my opinion
	death resulted from	Natural causes	Accident Svicide	, Homicide , Undetermined manner	<b>.</b>
	death resulted from N	Natural causes	Accident Suicide	, Homicide, Undetermined manner TITLE (SPEC IFY)	
		Natural causes	Accident Suicide	TITLE (SPECIFY)	
/	death resulted from N	220	legen.	TITLE (SPECIFY)  M.D. MEDICAL EXAMINER	2. 28/9
/	death resulted from ACTUAL SIGNATURE SIGNATURE STAMPS TO A STAMPS	ohn S. Roge	legen.	TITLE (SPECIFY)  M.DMEDICAL EXAMINER  1919 Seminary Rd. 8	
/	death resulted from NACTUAL SIGNATURE SIGNATURE STAMPER'S NAME JC	ohn S. Roge	rs egen	m.D	
23 a. Bi	death resulted from NACTUAL SIGNATURE SIGNATURE STANDARD SIGNATURE STANDARD SIGNATURE	ohn S. Roge	TS NAME OF CEMPTER	m.D	Silver Spring, Md.
23 a. B1	death resulted from NACTUAN SIGNATURE SIGNATURE STAMPS TO SAME JC	ohn S. Roge	TS NAME OF CEMPTER	m.D	Silver Spring, Md.
	death resulted from ACTUAN SIGNATURE STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD SPECIES SPE	ohn S. Roge 5/31/84	23c. NAME OF CEMETER Parklawn M	m.D	Silver Spring, Md. 20010 le, Maryland
24. FI	death resulted from NACTUAL SIGNATURE SIGNATURE JOURNAL, CREMATION, REMOVE BURIAL, CREMATION, REMOVE BURIAL, CREMATION, REMOVE BURIAL CREMATION, R	ohn S. Roge  At 23b DATE 5/31/84  Eler Funera	23c. NAME OF CEMETER Parklawn M	TITLE (SPECIFY)  M.D	Silver Spring, Md. 20010 le, Maryland

BP\_\_\_\_ DHMH (VR A15 M 20M 4/82 The Court of the State of the S orgon an entry T. Orl or to the Propince date. tere sominer a. Miner spring. com : mos Manual and the second of the s 1992 Hoseville Mise, Restrille, C. 298

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.	4	U	2
TE OF DEATH	MONTH	DAY	YEAR	2b

4	1 -	STATE REGISTRAR			DEI AN	CERTIF	ICATE OF	DEATH	8	REG. NO	7			
		CEASED NAME OR PRINT) BR	IAN	LEWIS BRUI			LE			MAY 22, 1984			2b. HOUR a 12:50 M	
1	3. SEX	MALE	4. R	ACE WH	HITE	5. DATE C		984		(IN YEARS LAST BIRT	YRS	UNDER ) YEAR	IF UNDER 24 HRS HOURS MIN.	
1	C	RTHPLACE (STATE OR FO OUNTRY) IICHIGAN		USA	what countr	WIDOWE		NORCED	₹.  	MONTGOM	ERY CO	JNTY,	MD.	
6	10 CIT	Y OR TOWN OF DEAT BETH		(IF NOT IN SUCH	OSPITAL, NURS HEACILITY, GIVE STRI NICAL CE	EET ADDRESS)		STITUTION	(TYPE OF	UAL OCCUPATE WORK FOR MOST OF tudent		12b. KIND O INDUSTRY	F BUSINESS OR	
	13a. S	L RESIDENCE (IF NURSIN TATE CHIGAN	G HOME OR OTHE 3b COUNTY	R INSTITUTION	GIVE RESIDENCE BEF 13c. CITY OR TO BENTON	NWC	YES	CITY LIMITS	18	EET ADDRESS / 36 BROA		DR. 4	902299	
	ÿ4. FA1	THER'S NAME FIRST  JOSEPH	MIDD	LE	BRULE	35,13		FIRST RYLIN	NAME	ANN		NAVRO'	TH	
1	[1]	(AS DECEASED EVER IN ES NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WA		374-86-		MR. J	OSEPH	BRULE		<sup>ss</sup> WATE R)		, MI	
	NO	Conditions, if ony, gove rise to imme cause (a), stofing underlying cause	the last.	(b) DUE TO, OR (c)	R AS A CONSEC METAST R AS A CONSEC ONTRIBUTING T	DUENCE OF		D TO THE TE			DITION GIVEN	IN PART 10	0,	
2	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	200 YES	AUTOPSY?			NGS USED OF DEATH?	
1	MEDICAL CERT	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE	USE OF DEATH	P.A 21e. PLACE C	M. MONTH M.	19	21c HOW 211. LOCAT	ION	CURRED (EN	CITY OR TO		COUNTY	STATE	
		22a. I certify that XI ( sow the decessed about XI (we) di 12a SIGNATURE	this hospital) d alive on M d) (M) (M) (M) vi	ew the body	ofter death.	84_, 01	DEGREE	ATTENDING PHYSICIAN	G MEDI	UTES OF	FIAN [] HEALT	22c. DATE 3/2-2	SIGNED	
_		URIAL, CREMATION, R	SANDE	NND	M	2				, BETHE			05	

DHMH - 16 50M 4/B3 (VRA 15, 4)

retained by the haspital or attending physician ATTENDING

ITO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and complessed detached for use as the burial-transit permit. Then please remove carbon popers. Pages thand with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, th

MPORTANT; If Hem 21 is morked or Hem 18 maws any

RALDIRECTOR Marshall's Funeral Home
72217 9th St NW: Washington, D.C. 24. FUNERAL DIRECTOR

Kerley & Starks F/H St. Joseph Michigan eral Home MAY 25 1984 Julia Juridson Andelle MAY 25 1984 Julia Juridson Andelle

American Linear Access

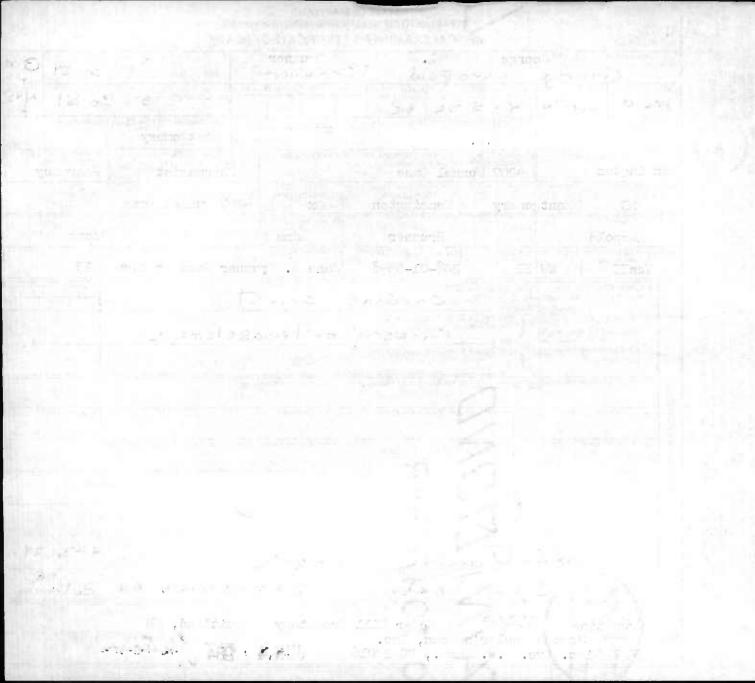
## STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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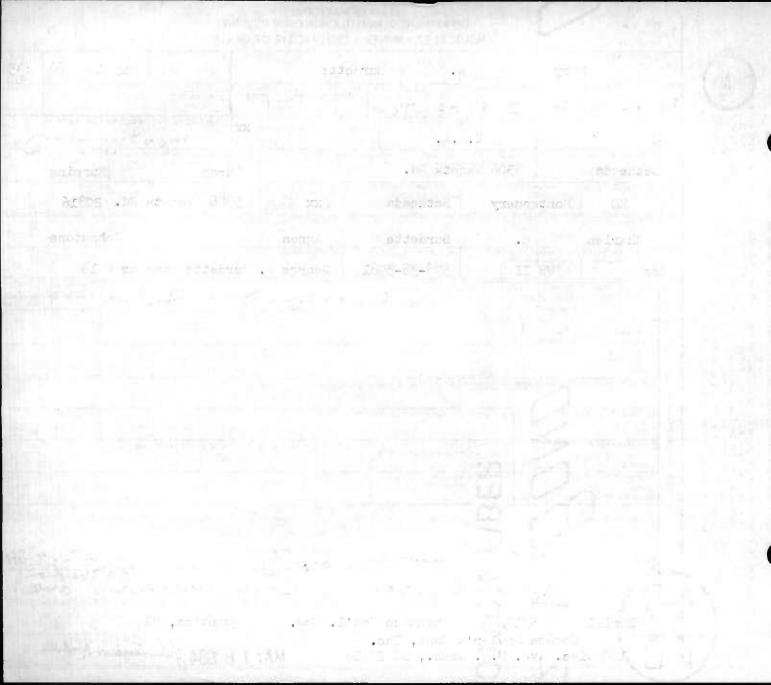
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	(	260 LOE	(60	11	10	NAN HEL		DEATH MATE	0 0 3	30 1984	PA
SEX Jov	sole	4. RACE white	S. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHON	Y) MONTE	DER I YR. IF UNDER		DATE RONOUNCED DEAD	5 MONTH	30 & T	2d. HQU
	RTHPLACE (S REIGN COUNTRY)		75. CITIZEN OF WHAT	COUNTRY?	8 MARRI WIDOW	ED NEVER MARR	RIED 🔲	Montgom	_	TY OF DEATH	M
Ķer	nsingto	on	4207 Dunn	el Lane		ER INSTITUTION	FOR MO	LOCCUPATION OST OF WORKING LIFE LATMASIS	)	or industrial Pharma	TRY
JSUA I3a. ST		13b. COUNT		sidence before admissic c. CITY OR TOWN Kensingto:		13d. Inside City Limits? Yes 🔀 NO 🗌		T ADDRESS Dunnel	Lane	089	5
	THER'S NAM FIRST Leopo	old	MIDDLE	Brunner		is. MOTHER'S MAID First Edna	DEN NAME	MIDDLE		Hoops	
60. W (YE	Yes	WW	VAR OR DATES)	08-01-859	8	Jane E. Bi	runner		s item	# 13	
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FICATION		FOPERATION	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM			ART 1 (q).			20 AUTOPSY	
CAL CERTIFI	UNDERLYING	AL CAUSE WAS  G OR ING CAUSE OF D		JURY ONTH DAY YEAR		DW INJURY OCCURRE	ED LENTER NA	TURE OF INJURY IN IT	EM 18 PART I OR P.	YES L	NO [
MEDICAL	21d INJURY OCCURRED  21d PLACE OF INJURY (ATHOME, STREET STREET CITY OR TOWN CONTINUED AT WORK AT WORK							OUNTY	STATE		
	22a. 1 cert death result ACTUAL SIGNATURE		e of the remains describing causes . Acc		Autap	Homicide I		Inquiry , mined manner	and in my o	5-30	, 78-1
23a BI	EXAMINER'S (TYPE OR PRI		1 was	23c NAME OF CEA		ADDRESS	8 WIS	CONSIN	sua u	34	vodo
(51	Crem	ation	5/31/84	Cedar H	ill	Crematory	Sui	tland,	MD		STATE
	513C	) Wisc. Av	Gawler's See. N.W. Was	sh., DC 20	0016	JUN	4 9	EGISTRAR 75	i Davidson	- Mandalle	

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(TYP	CEASED NAME PE OR PRINT)			MIDDLE	Burdette		OF	ESTI-	May 14	YE/
SEX	× 1	Mary 4. RACE	5. DATE OF BIRTH			YR. IF UNDER		MAILE C	May 14	9 YE
F.	emale	white	MONTH DAY	YEAR LAST BIRTH	MONTHS DAY		R 24 HRS. 2c. DAT MIN PRONOL DEA	INCED		19
FO	RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	RIED XX	MORE CITY OR	COUNTY OF D	-
-	ITY OR TOWN O	DE DEATH		S.A.	WIDOWED .		120 USUAL OCC	IPATION (TYPE	Le G m	D OI
	Bethesd	a	5306°W	aneta Rd.		MONON	FOR MOST OF WO	ORKING LIFE)		INDI
USUA 13a S	AL RESIDENCE	13b COUNTY MONE	or other institution, of the state of the st	13 CITY OR TOWN Bethesda	13d. 1NS YES	IDE CITY LIMITS?	13e 55306 DDI	Waneta	Rd. 208	16
14. FA	ATHER'S NAME		MIDDLE	LAST	15. MC	OTHER'S MAID	EN NAME	WIDDIE	L	AST
	Charl		E.	Burdette		lgnes		ADDRESS	Johns'	to
(Y	ES, NO, OR UNKNO		MED FORCES? WAR OR DATES)	578-38-5		ORMANT	. Burdett	ADDRESS	00 # 77	
	es Lu causs o			re far (a), (b), and (c).)		دور		o bound		PROX
	cause (o) lying cau		DUE TO, O	R AS A CONSEQUENCE		DITION GIVEN IN P.	APT 1 (a			
NO	cause (o) lying cau	stating the <u>under</u> - se last.	DUE TO, O	R AS A CONSEQUENCE		DITION GIVEN IN PA	ART 1 (a			
ICATION	cause (o) lying cau	stoting the <u>under</u> se lost.	(c)		MINAL DISEASE DR CON		ART I (a		20 A	UTOR
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours and

retained by the haspital or ottending physician.

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FUNERAL DIRECTOR	g	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.
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0	should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be I lied with	3

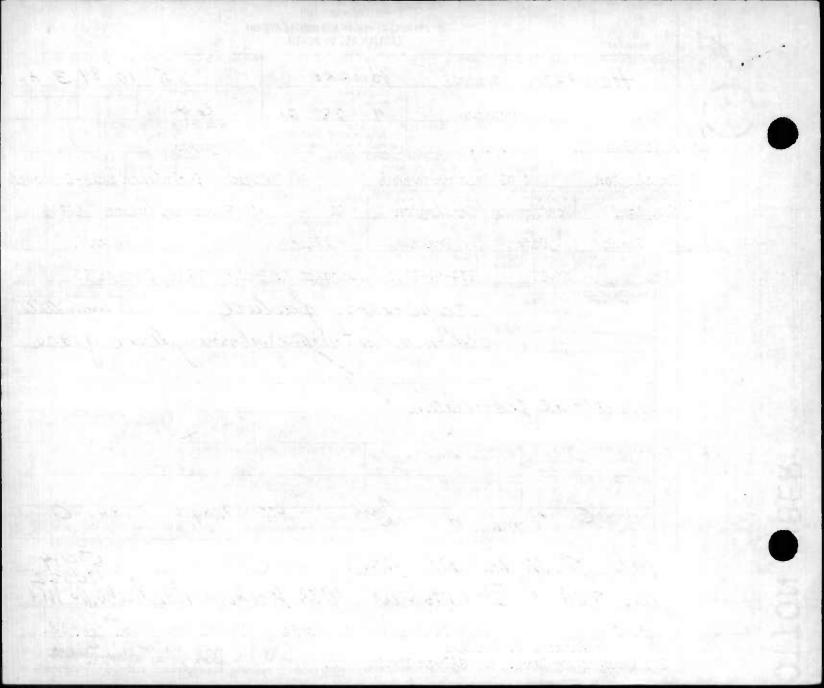
FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

6		4	Ü	2	6
	REG. NO.				

					KE	G. NO.				
1. DECEASED NAME FIRST	N	AIDDLE	LAST		20. DATE OF DEA	нтиом НТ	DAY Y	EAR 2b	HOUR	R
HAWART	Ran	dall	BUL	RKE		5	10	84	3	A
3. SEX	4. RACE	auce	5. DATE OF BIRT	TH .	6 AGE (IN YEARS LA		IF UNDER		UNDER 2	24 H
	0		MONTH	DAY YEAR	1	2 400	MONTHS:	DAYS HO	DURS	M
Male 70. BIRTHPLACE (STATE OR FOREIGN	Caucasi	WHAT COUNTRY?	3 77	28 21	9 BALTIMORE CI	TRO	TY OF DEA	TH		-
COUNTRY)	/B CITIZEN OF V	WHAT COUNTRY!	MARRIED	NEVER MARRIED		_	III OI DEA	***		
Massachusetts	U.S.A		WIDOWED [	DIVORCED [	Montgom					
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		HER INSTITUTION	120 USUAL OCCL			IND OF BU	USINE	55
Kensington	4003 De	catur Av	enue		Dental T	echnic	ian Se	elK-E	mpl	20
USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. COI	OR OTHER INSTITUTION.		ADMISSION)	NSIDE CITY LIMITS?	13e STREET ADDR	ESS / 710 CO	DE			
		Kensinat			4003 Dec			20	895	5
14. FATHER'S NAME	cyomecy	Remariga	076	OTHER'S MAIDEN N.		unur m	renue	20	0/3	_
FIRST	MIDDLE	P. to la a		A P i a a	MID	DLE	Haus	LAST		
Frank 160 WAS DECEASED EVER IN U.S. A	Peter	Burke	IDITY NO. 13 IN	Alice	Α	DDRESS	Howa	oun		-
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	100						4.0		
yes ww :	11	578-01-1	966 Ma	rgaret K.	Burke W	ife so	ame as			
18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and	d (c1.)	1			BET	PPROXIMAT WEEN ONS	E INTER	DEA
PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a)	170061	rations	· Lai	lund		6	nene	de	1
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	rueun.	<u> Managara</u>	James		J		Q
gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c)			1	MINAL DISEASE OR	CONDITION	GIVEN IN PA	ART Ito		Q
gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	DITRIBUTING TO D	DEATH BUT NOT I	RELATED TO THE TER	20a AUTOPSY?	20b. IF Y	YES, WERE F TIFYING CA YES	FINDINGS AUSES OF		H?
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gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COUNTRY OF COUNT	T CONDITIONS CO	FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F e deceased from	OPERATION WA  AY YEAR  19  PARM, EIC )  211	RELATED TO THE TER S PERFORMED HOW INJURY OCCU	YES NO RRED (ENTER NATURE C	20b. IF Y IN CER IN URY IN ITEM TO OR TOWN	YES, WERE IF TIFYING CA YES D B PART LORPA COUN	FINDINGS AUSES OF NART 2)	DEATINO C	H?
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gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF A CONTRIBUTING CASE OF A CONTRIBUTING AT WORK  21a. INJURY OCCURRED  WHILE AT WORK  22a.1 certify the (1) (this hose of the deceased alive obdays, (if we taked) independent of the work of the deceased alive obdays, (if we taked) independent of the deceased alive obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked)	T CONDITIONS CO	FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F e deceased from	OPERATION WA  AY YEAR 19  FARM, ETC.)  and that	RELATED TO THE TER S PERFORMED HOW INJURY OCCU LOCATION STREET  19 57  1 in (my) (our) opinion EE	YES NO RRED (ENTER NATURE C	OR TOWN  The dote and h	VES, WERE F TIFYING CA YES B PART LORPA COUNT 19 A	FINDINGS AUSES OF NART 2)	SI (voises sto	H?
gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF COUNTY OF C	T CONDITIONS CO	FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F e deceased from	OPERATION WA  AY YEAR  19  GARM, EIC )  DEGRI	RELATED TO THE TER  S PERFORMED  HOW INJURY OCCU  LOCATION  STREET  19  LIM (my) (our) opinion  EE  ATTENDING PHYSICIAN	YES NO	OR TOWN  The dote and h	VES, WERE F TIFYING CA YES B PART LORPA COUNT 19 A	FINDINGS AUSES OF NART 2)	SI (voises sto	H?
gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF A CONTRIBUTING CASE OF A CONTRIBUTING AT WORK  21a. INJURY OCCURRED  WHILE AT WORK  22a.1 certify the (1) (this hose of the deceased alive obdays, (if we taked) independent of the work of the deceased alive obdays, (if we taked) independent of the deceased alive obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked) independent of the deceased of the obdays, (if we taked)	T CONDITIONS CO	FINJURY M. MONTH DA M.  OF INJURY EET, FACTORY, OFFICE, F e deceased from	OPERATION WA  AY YEAR  19  GARM, EIC )  DEGRI	RELATED TO THE TER S PERFORMED HOW INJURY OCCU LOCATION STREET  19 57  1 in (my) (our) opinion EE	YES NO RRED (ENTER NATURE C	OR TOWN  The dote and h	VES, WERE F TIFYING CA YES B PART LORPA COUNT 19 A	FINDINGS AUSES OF NART 2)	SI (voises sto	H?
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gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER, NOTHER MEDICAL EXAMINATION)  210. 1 Certify that (I) (this hose so the deceased olive obown the deceased olive o	T CONDITIONS CO.  T CONDITIONS CO.  19b CONDITIONS CO.  19b CONDITIONS CO.  19b CONDITIONS CO.  P. J.  21b. TIME O.  HOUR A.J.  21b. PLACE (AT HOME. SIR  Spital) attended the one.  P. J.  AL 23b. DATE  May 14	THOM FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY eet. FACTORY, OFFICE, F  office death	OPERATION WA  AY YEAR 19  FARM, ETC.)  TO BE THE STATE OF CEMETIC  TO STATE OF CEMETIC	RELATED TO THE TER  S PERFORMED  HOW INJURY OCCU  LOCATION STREET  19 2  T IN (my) (our) Opinion  EE  ATTENDING PHYSICIAN ADDRESS  LOCATION ADDRESS  LOCATIO	YES NO RRED (ENTER NATURE CO.  CITY  MEDICAL DIRECTOR PI	OR TOWN  STAFF HYSICIAN	COUNTY OF THE PROPERTY OF THE	FINDINGS AUSES OF NART 2)	SI (voises sto	H?
GOVE rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMITY AT WORK (IF WE	T CONDITIONS CO.  T CONDITIONS CO.  19b CONDITIONS CO.  19b CONDITIONS CO.  19b CONDITIONS CO.  P. J.  21b. TIME O.  HOUR A.J.  21b. PLACE (AT HOME. SIR  Spital) attended the one.  P. J.  AL 23b. DATE  May 14	THOM FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY eet. FACTORY, OFFICE, F  office death	OPERATION WA  AY YEAR 19  FARM, ETC.)  TO BE THE STATE OF CEMETIC  TO STATE OF CEMETIC	RELATED TO THE TER  S PERFORMED  HOW INJURY OCCU  LOCATION STREET  19 2  T in (my) (our) opinion  EE  ATTENDING PHYSICIAN ADDRESS  LERY OR CREMATORY  LECTRAN 5	29a AUTOPSY?  YES NO  RRED (ENTER NATURE C  CITY  deoth occurred on  MEDICAL DIRECTOR PI  23d. LOCATION Cheltey	OR TOWN  STAFF HYSICIAN	COUP 19 PT COUNTY PT.	TINDINGS AUSES OF ART 2)  ART 2)  ART 2)  DATE SIG	SI (W)	H?

DHMH - 16 50M 4/83 (VRA 15, 4)



1			STATE OF N				
FOR STATE				AND MENTAL HY		1 4	02/
REGISTRAR			AMINER'S	ERTIFICATE OF	-	REG. NO.	0 0
1. DECEASED NAA (TYPE OR PRINT)	E FIRST	MIDDLE	1	BURNS	2e. DATE OF	KNOWN MOR	NTH DAY YEAR
	Kuti	A.	13 W	yns	DEATH	MATERIA	73/1987 P
SEX	4. RACE S. DA	ATE OF BIRTH 6. A	GE (IN YEARS IF UN	DER TYR. IF UNDER 24	HRS. 2t. DATE	MOX	TH DAY YEAR THE
1=	W L.	ch 28-07 8	YRS.	S DATS HOURS	DEAD		13/19/48
BIRTHPLACE	TATE OR 76 C	ITIZEN OF WHAT COUNTRY	8. MARRI	ED NEVER MARRIED	2 BALTIN	ORE CITY OR CO	UNTY OF DEATH
FOREIGN COUNTRY Maryl	nd	U.S.A.	WIDOW	7		nont	gomery,
CITY OR TOWN		NAME OF HOSPITAL, NURSIN		ER INSTITUTION 1	70. USUAL OCCU	PATION (TYPE OF WE	OR INDUSTRY
01-	Ley !	110 ml G	La CI	al HAVA	FOR MOST OF WOR	wife	S
SUAL RESIDENCE	(IF IN NURSING HOME OR OTHER	R INSTITUTION, GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	3e. STR#300RE	22	
M-		on the	2.85.205	YES NO X	11	1/icw	RJ. 20872
1. FATHER'S NAM	E	7,707		15. MOTHER'S MAIDEN	NAME		LAST
FIRST R.	Har		еу	Fannie		rtrude	Mount
60. WAS DECEAS	DEVER IN U.S. ARMED F	ORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT			Tower La.
(YES, NO, OR UNKN	OWN) (IF YES, GIVE WAR OR		0-8543	Anna Burd	ette. Î	iamsville	e, Md. 21754
18 CAUSE	OF DEATH (Enter anly one	cause per line far (a), (b), and			, ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PARTIC	EATH WAS CAUSED BY:	1155 (c) 15 h	hux	12/1/1x			BETWEEN ONSET AND DEA
- 91	10 IMMEDIATE CA		UENCE OF	_	2 1		
	ins, if any, which	Acs pl	m241	in of	1-807	•	
couse (d	ise to immediate ) stating the <u>under</u>	DUE TO, OR AS A CONSEC	UENCE OF				
lying co	use last.	(5)					
PART 2 DTHER	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED T	D THE TERMINAL DISEASE	DR CONDITION GIVEN IN PART	1 (a).		
N	More.						
190. DATE C	FOPERATION	196 CONDITION FOR WHI	CH OPERATION W	AS PERFORMED?			29 AUTOPSY?
낕	Nave.						YES NO.
11	AL CAUSE WAS	2Th TIME OF INJURY		W INJURY OCCURRED	LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	
	G → OR ING □ CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	15pirat.	-1 Fo	21	
21d INJURY	OCCURRED	TE PLACE OF INJURY (A	THOME, 21f. LO	CATION	-		
WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	MI	11iewR	1 Pan	WN	Man STAT
			710				741000 708
		he remains described abave. I					ny apinian
death resu	ted fram: Natural cau	uses	Suicide	, Hamicide L,	Undetermined m	anner [],	
ACTUAL C	10	016	400	TITLE (SPECIFY)		DA	1/12×3/18
SIGNATURE	100	1		Dep	MEDICAL EXAM	7	GNED YS TO
EXAMPLER'S	NAME JOH	n R. Rogers, l	N.D.	Sil ADDRESS	ver Spri	ng, Md.	
	ial June	23c NAM	E OF CEMETERY O		23d. LOCATION CITY OR TOWN		COUNTY STATE
24 FUNERAL DIRE		4,1704	Mt. Vi		UNITES SC	us, Monte	gomery, Md.
		rth, ADD PSS A., Dar	mascus. M	JUN"	5 1984	AR 256. REGISTRAN	dson-Randell
			,		0 =0	0	

Jan Har

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canna a copern, M.S. Tilver Toring acl.

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FOR DEPARTMENT OF STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	2	.3	3	0)	53
		Carp	U	Eng	V
REG. NO.					

Male Caucas  MAR  Caucas  MAR  Country:  Married  Montgomery  Montgom	DAY YEAR 2b. HOUR  984  1F UNDER 1 YEAR & UNDER 24 HRS  MONTHS DAYS HOURS AND
William Edward BURTON MAY 13, 1  SEX 4. RACE 5. DATE OF BIRTH MORNITH DAY 129 1915 69 YRS.  BIRTHPLACE (STATE OF FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED MIDOWED DIMORCED MONTE COUNTRY WIDOWED DIMORCED MONTE COUNTRY WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING)  WILLIAM BURTON MAY 13, 1  6. AGE (INYEARS LAST BIRTHDAY)  6. AGE	IF UNDER 1 YEAR IF UNDER 24 HRS
Male  Caucas  MAR  DAY MAR  DA	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY)?  Mass.  75. CITIZEN OF WHAT COUNTRY?  WARRIED NEVER MARRIED NOVEL MARRIED N	MONTHS DAYS HOURS AIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)?  Mass.  75. CITIZEN OF WHAT COUNTRY?  WARRIED NEVER MARRIED NOVEL MARRIED N	
Mass.  USA    WIDOWED   DIVORCED   Montgomery C   CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   126 USUAL OCCUPATION     If NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   (TYPE OF WORK FOR MOST OF WORKING)	Y OF DEATH
(TYPE OF WORK FOR MOST OF WORKING	county, MD.
Bethesda Naval Hospital Teacher	12b. KIND OF BUSINESS OR INDUSTRY  Education
USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 137. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP COUNTY 137. CITY OR TOWN 138. Woodrise	DE 99999 02540
Frank Burton 15. MOTHER'S MAIDEN NAME FIRST JOSEPHINE	Unknown
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN)   1/1F YES, GIVE WAR OR DATES)	02540
Yes 1941 to 1962 129-09-2608 Mary A. Burton, 38 Woodrise.	
INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
28 Mar 1984 Thorasic Laminectomy YES NO X Y	res NO
HOUR AM MONTH DAY TEAK	PART I ORPART 2}
0,000	COUNTY STATE
21d INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION STREET CITY OR TOWN	0.1
ATWORK ATWORK March 28 84 May 13th	84
220-1 certify that (I) (this haspital) attended the descensed from May 13th and the descensed glive an May 13th and that in (my) (gur) againing death accurred an the date and he	. 19, that (I) (we) last
220-I certify that (I) (this haspital) attended the descensed from May 13th saw the deceased alive an May 13th 19 , and that in (my) (aur) apinian death accurred an the date and haspital (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  DEGREE	22c. DATE SIGNED
220-I certify that (I) (this haspital) attended the deceased from May 13th saw the deceased alive an May 15th 19 , and that in (my) (aur) apinian death accurred an the date and ha obave, (I) (we) (did) (did not) view the bady after death.	our and from the causes stated
220.1 certify that (1) (this haspital) attended the descensed from 84 and that in (my) (aur) apinian death accurred an the date and haspital (21b. SIGNATURE)  DEGREE  ATENDING MEDICAL STAFF	22c. DATE SIGNED 5/13/84
220. I certify that (I) (this hospital) attended the descensed from 84 and that in (my) (aur) apinion death accurred an the date and har obave. (I) (we) (did) (did not) view the body after death.  270. SIGNATURE  270. PHYSICIAN'S NAME (TYPE OR PRINT)  270. PHYSICIAN'S NAME (TYPE OR PRINT)  270. W. HALL. LT. MC. USNR  March 28  84  May 13th  84  And that in (my) (aur) apinion death accurred an the date and har obave. (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN NAVAL	272. DATE SIGNED  5//3/84  L Medical Command
226. I certify that (I) (this hospital) extended the descensed from 84 and that in (my) (aur) apinion death accurred an the date and has obave. (I) (we) (did) (did not) view the body after death.  276. SIGNATURE  276. PHYSICIAN'S NAME (TYPE OR PRINT)  276. PHYSICIAN'S NAME (TYPE OR PRINT)  276. ADDRESS  Naval Hospital, Naval National Capital Region, Beth 128. BURIAL, CREMATION, REMOVAL 129. DATE MONTH 128. NAME OF CEMETERY ON CREMATION. 2 4234 LOCATION	27. DATE SIGNED  5//3/84  L Medical Command
226. I certify that (1) (this haspital) attended the deceased from 84 and that in (my) (aur) apinian death accurred an the date and has above, (1) (we) (did) (did not) view the body after death.  2726. PHYSICIAN'S NAME (IVPE OR PRINT)  12726. PHYSICIAN'S NAME (IVPE OR PRINT)  12726. BURIAL, CREMATION, REMOVAL 235. DATE May (SPECHY)  230. BURIAL, CREMATION, REMOVAL 235. DATE May (SPECHY)  231. BURIAL, CREMATION, REMOVAL 235. DATE May (SPECHY)  232. BURIAL, CREMATION, REMOVAL 235. DATE May (SPECHY)  233. DATE May (SPECHY)  234. MAME OF CEMETERY ON REMOVE TOWN  BOURNE, M  235. DATE May (SPECHY)  BURIAL 275. MAME OF CEMETERY ON REMOVE TOWN  BOURNE, M  236. BURIAL CREMATION, REMOVAL 235. DATE May (SPECHY)  BURIAL 276. MAME OF CEMETERY ON REMOVE TOWN  BOURNE, M  BOURNE, M	272. DATE SIGNED  5//3/84  L Medical Command

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

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## STATE OF MARYLAND

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	- STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO	D. 4	404	4 7	
	DECEASED NAME FIRE	57	MIDDLE		AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR	
Г		lice	Е.	P	utler	may	14-	1984	10 30 M	
3.	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR)	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
L	Female	Whi			4,1895	88	YRS.	MONTHS DAYS	HOURS MIN.	
70	New York	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Montgom			MD	
10	Bethesda	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET GE Hill-E	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired			F BUSINESS OR	
6 L	SUAL RESIDENCE (IF NURSING HO				ua	Vertien		- Lela Ga	Penny C	
	30. STATE 13b.	county	Bethesd	N	134 INSIDE CITY LIMITS?	5215 Ced	ar La	ne 20	816	
H	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	,	
1	Gowtlieb	_	ckert		Sonhie	WIDDLE		Clas 2 3 7 m =		
16	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE		Splike	r	
L	(YES, NO OR UNKNOWN) (IF )	YES, GIVE WAR OR DATES)	072-14-6	523	Kelly Campbel	ll -Son 6100	3 Rid	ge Rd.	0816 IMATE INTERVAL DNSET AND DEATH	
	PART I. DEATH WAS C	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  (MANUAL CAUSE (a) ON AS A CONSEQUENCE OF								
	Conditions, if any, whi gave rise to immedia cause (a), stating t	ich (b)_	DR AS A CONSEQU							
I		(c)								
		0 _	Nome	B-	NOT RELATED TO THE TERMI	inal disease or cone	OITION GI	VEN IN PART TO		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES []		
	OD CONTRIBUTION TO CAUSE	OF DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR PART 2)		
	(IF EITHER, NOTIFY MEDICAL EX  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	(AT HOME, S	OF INJURY FREET, FACTORY, OFFICE, 1	FARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
	sow the decreased all obave (1) (this	ve on Apr	30 19	84.0	ct 29 19 84 nd that in (my) opinian a	death occurred an the do	te and ha	19 89 ur ond from the	that (I) (me) last causes stated	
	22b. SIGN TUR	es W	Egan	7		TEDICAL STAF	F IAN []	22c. DATE	SIGNED 4-84	
	James W		1.		22. ADDRESS 5413 Cedar La	ane #206 C	Beth	esda, M	d.20814	
100			7.5			1				

BP.

etained by the hospital or attending physicion

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 spews ony

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Removal

225 Missouri Ave

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN Washington

STATE

Columbia Mortuary Services, 24 FUNERAL DIRECTOR

## PARTE OF THE PARTY OF THE PARTY

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March Stranger of Charles That the Little Charles	

3	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGI	IENE A REG. NO	1 4	0	3 0
		CEASED NAME OR PRINT)	FIRST		MIDDLE		lderon		20. DATE OF DEATH	MONTH DA	6.11	2b. HOUR
1			rgarit					_		5 /		4.76PM
1	3 SE		3 4	RACE		S. DATE C		_ 1	6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	HOURS MIN.
1	1	Female	4	Cauca		Febr	uary °9, 189	7	87	YRS.		
2/1	7a Bl	IRTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED		9 BALTIMORE CITY OF	COUNTY	OF DEATH	
67		Cuba		Cuba		WIDOWE		3.5	Montgomery	Coun	ty.	MD.
2.1	10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		R OTHER INSTITUTION		12a. USUAL OCCUPATION	211	12b. KIND C	F BUSINESS OR
夏し	Ga:	ithersburg	H				re Center	~	Housewife	WORKING (IIE)		home
記5	13a. S	AL RESIDENCE (# NURS STATE ryland		THER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS		13e STREET ADDRESS / 7529 Layton		ive 2	0877
9//	14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN	VAN				
\$). ~		Gaspar	M	RO	driguez		Arace1i	S	WIDDLE		Casas	
00	16a V	VAS DECEASED EVER	IN U.S. ARM		16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS		
nedi	(	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	217 70 3	045	Jose Calde	eror	n R. Son S	Same a	s 13e	
ar ather traumatic event		PART I. DEATH W  440  Conditions, if ony, gove rise to imm cause (o), statin underlying cause	which nediate g the	DUE TO, C	DR AS A CONSEQUE		YNDROT	m.	Wie BRA C DARTER		Rosc	5
lury, o	z	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE T	TERMI	IN AL DISEASE OR CONE	OITION GIVE	N IN PART 1	0,
on sony in	CERTIFICATION	19a. DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	Ī	20a AUTOPSY? YES NO X		WERE FINDI	
fem 18 sh	EDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING C	AUSE OF DEATH	1	DF INJURY .M. MONTH DA .M.	AY YEAR		CURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
rked ar	MEDI	21d. IN JURY OCCURE WHILE NOT WH AT WORK AT WOR	INE [		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
m 21 is ma		22a i certify that (I)		111111	1/1	/		nion d	eath occurred an the da	ite and hour o	and from the	
ZT. #	1	22d PHYSICIAN'S NA	Du ME LIVE CO	Se	cher,	MI	ATTENDIN PHYSICIA	NG IN	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	5/	10/84
MPORTA		R.C. 7	1411	DAK	cio mi	2	5413 6	el	DAR GAR	e 1	Berza	ESDA. MI

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept: af Health and Mental Hygiene prior ta burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital ar attendi

23a. BURIAL, (SPECIFY)

May 1984 Buria1 24. FUNERAL DIRECTOR Robert A. Pumphreys Funeral Homes, Bethesda, Maryland

23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven

ATORY 23d LOCATION CHYOFTOWN STATE
Silver Spring Maryland
25d DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE
MAY 1 5 1984 Like Davidson-Randsel

HERMAN OF THE PARTY OF THE PART A STREET STREET STREET STREET STREET STREET

Pencher Egypt Light rin Mannette .i ender-.68 .41 teel Jan 14. OKE-26-0197 William E. Camp New Street, No. 2 877 tent consolidate median grantende and delivered inter-Bernard Division and a Mile TORGE At the State of the Sta

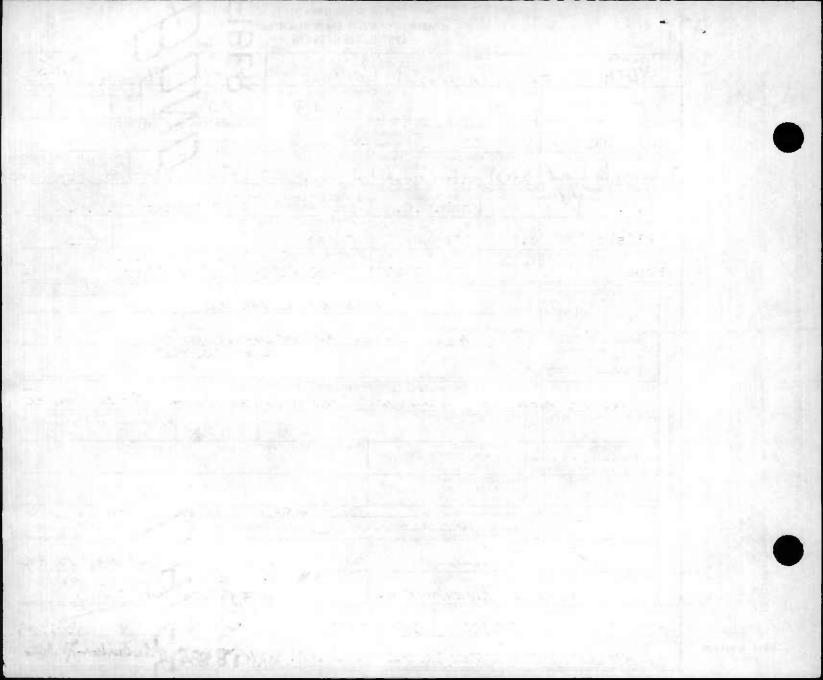
#### STATE OF MARYLAND

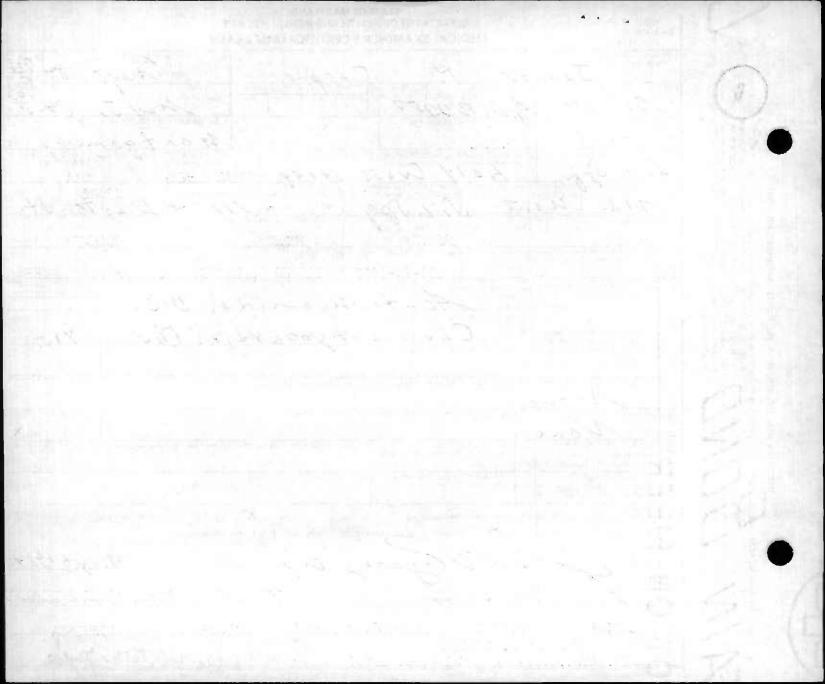
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	1	4	U	3	2
			_		

- STATE REGISTRAR	CERTIF	ICATE OF DEATH	8 4 REG. NO.	4034
(TYPE OD PRINT)	HELLWIG (	ARROLL	5 - 16 - 84	DAY YEAR 26. HOUR
3. SEX F 4. RACE	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
COUNTRY)	VHAT COUNTRY? 8  MARRIEI  WIDOWE	D NEVER MARRIED	Montgomery	
Takoma Park Mex Washi	OSPITAL, NURSING HOME O LEACHITY, GIVE STREET ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK]  Receptioni	industries
D.C.	GINCLESIDENCE BEFORE ADMISSION) 13( CITY OR TOWN Wash.D.C.	13d. INSIDE CITY LIMITS? YEXX NO [	13e.STREET ADDRESS / ZIP C 3001 Porte	CODE St.N.W.
RELISHA J.	Payne	Jesse	MIDDLE	Butts
(16) WAS DECEASED EVER IN U.S. ARMED FORCES?  (1755, NO OR UNKNOWN)  (16 YES, GIVE WAR OR DATES)	578 07 079	7 Mabel C.	5 lst Plate Updike(Daugh	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CO	AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? 200.	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE O	A. MONTH DAY YEAR A. 19	21c HOW INJURY OCCURI 21f LOCATION STREET	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES NO MIS PART I OR PART ?)  COUNTY STATE
22e. I certify that (I) (this haspital) attended the saw the deceased alive an above, (I) (see) (did) (did not) view the body of 22b. SIGNATURE	atter death. 19 84, ar	nd that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN	- MEDICAL STAFF	d hour and from the causes stated  22c DATE SIGNED  234 J 1 984
228 PHYSICIAN'S NAME (TYPE OR PRINT)	RICHMAR MD	22e ADDRESS 7	733 MASKA D.	C 200/2
236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 5/21/			23d LOCATION CITY OR TOWN Suitland	PG Maryland
Hines/Rinaldi 11800	New Hamp.Av			SISTRAPA SIGNATURE.

DHMH - 16 50M 4/83 (VRA 15, 4)





and the state of the Property of the Parish to the Parish AND THE RESERVE TO THE RESERVE OF THE PARTY MANUAL STREET

DHMH -

		STA	ATE OF MARYLAND		
	FOR	DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE	4 0 3 5
	- STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
	1. DÉCEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
_	(TYPE OR PRINT)	1 G. CAV	10 110 inch	5 3	184 3AMM
	3. SEX		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
A	3. SEA		NTH DAY YEAR		MONTHS DAYS HOURS MIN.
	Female		g. 14, 1907	76 YRS	
1/	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1/1/2	New Hampshire		WED DIVORCED	Montgomek	MD.
000	16 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
13/3//	bethesolf 1	Subue han Has	nital	Teacher- Retired	
5 / 200	SUAL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO			
37 26 19	IJu STATE 131 COU		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	1 /2 ( 1 / 2 )
	Maryland Prin	ce Georges-Mt.Rainer	YES NO 15 MOTHER'S MAIDEN NA	2902 Allison St	reet
F Not	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
6/6//	John .	Glennon	Mary		Prendergast
96 90	160, WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY NO	. 17 INFORMANT	^3517 Mul	llin Lane
P P P	no	213-38-1555	Francis T. C.	avanaugh, Rowie,	Maryland 20715
Sicro ol.	18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a physic an pape emoval.	PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (0)	July alle	at the same of the	Smul
	4140 mmedia		1	0	-
ottending ave carba ition, or re aumatic e	Condition if any hill	DUE TO, OR AS A CONSEQUENCE OF	world the	1 Leson	3 5000
4 E 9 ÷	Conditions, if any, which gave rise to immediate	(b)		1	
by the	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	or athers	solower	3 gan
d b leas or a		(c)			
en p bur bur		CONDITIONS CONTRIBUTING TO DEATH &	NOT RELATED TO THE TERM	linal disease or condition giv	EN IN PART Tro
or to	Z Chromi	( Welmen, G	200000		
printing printing	90 DATE OF OPERATION	1%. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		YING CAUSES OF DEATH?
ho ho	710. ACCIDENT WAS UNDERLYING			YES NO YE	S NO
hysicior icate h ransit p Hygier 18 sbo	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ARI I OR PART 2)
a ph	OR CONTRIBUTING CAUSE OF DE	AID .			
Me Me	(IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
the the and and	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	ZIMEEL	CIII OX IOWII	3777
After the as the alth and marked	AT TORK	pital) attended the deceased from	1070	10 mg 11	19 5 4 that ( ) (we) lost
OR: OR: OR: I is	spw the deceased alive a	n n 3/ 19 84	and that in (my) (aut) opinion	death accurred on the date and hou	
osp ed fe or o	obove, (I) (****) (did n	ot) view Me body after death.	DEGREE		27c DATE SIGNED
Dig	Du m	n 1/1000	ATTENDING	MEDICAL STAFF	0-31-84
RAL Adet	- William	- Jan Kory		DIRECTOR PHYSICIAN	3.,,,,
FUNE old be old be ORTA	27d PHYSICIAN'S NAME (TYPE		27e ADDRESS		
to FUNERAL should be def with the Stote	Dr. William 1	H. Killay, M. D.	8218 Wiscons	in Avenue Bethe	sda, Maryland
5 5 4 3 ₹	23a. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c NAME O	CEMETERY OR CREMATORY	23d LOCATION	
BP	Burial	, 06-04-84 Gate o	f Heaven Cem.	Silver Spring	Montgomery Md
	24 FUNERAL DIRECTOR	16000 Annapolis R		E REC'D. BY REGISTRAR 25b. REGIST	
H - 16 50M 4/83 (VRA 15, 4)	NAME / X			N D 1984	wrecon-Handell
1400 14, 7	Deart LineLar He	me, Bowie, Maryland 2	עד)	- DUM	~   1

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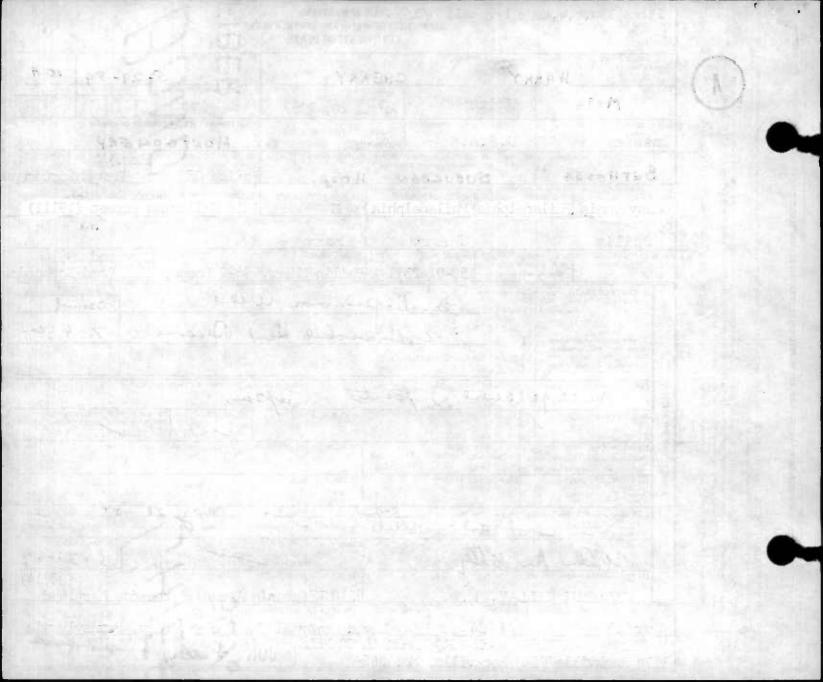
151 Militalians

150 T 213-38-1555 Francis T. Covernugl, Pouts, Maryland 20115

Law Halling H. Milling, M. H. Gold wisconsin Avenue; Sesiledde, Maryland

omini - 1-5, the of Heaven 'en. Lilver Spring, Montgoosty, Md.
""-oc o numero is Kond
Soull suncrel come, books, thryland 20/15

if	,		Items 13a,b,c,ar FOR 1- STATE REGISTRAR	nde Per, call 6/5/	84STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 4 REG. NO.	1036
	2 (3)		DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	CHERRY	5-2	
	Poge 4 may		Male	White	April 20, 1907	77 <sub>YRS.</sub> ~	IF UNDER LYEAR IF UNDER 24 HRS.
4	deoth. Pe	/ 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CUSSIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONT GON	ERY MD.
10	by the filled with	2	BETHESOA	(IF NOT IN SUCH FACILITY, GIVE STREET A	V Hosp.	12d. USUAL OCCUPATION (Re- (TYPE OF WORK FOR MOST OF WORK MOTHE Police Officer	Law Enforcement
ND 212	24 havr filled in auld be f		SUAL RESIDENCE (IF NURSING HOME OF 13b. COU	Prince and a second	13d, INSIDE CITY LIMITS?	13. STREET ADDRESS / 7IP CODE 9422 Locust Hil	1 Rd. Bethesda
MARYLA	mpletely and 2 sh	0	FATHER S NAME FIRST Philip	Cherry	15. MOTHER'S MAIDEN NA FIRST  Mary	ME	28814
MORE, I	e execute	1	. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECUR			yland 20814 1 Road:Bethesda,
T., BALTI	physiciar npopers. moval.		PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), and		inet.	APPROXIMATE INTERVAL BYTMEEN ONSET AND DEATH
RESTON S	death cer attending sove corbo ation, or re roumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	Leaselat He	of Disers	7-450
201 W. PR	that the d by the eose rem iol, cremo		couse (a), stofing the underlying couse lost.	DUE TO, OR AS A CONSEQUE			
RECORDS, 20	requires en signe or to bur rinlury, o			e buch Inf	EATH BUT NOT RELATED TO THE TERM	mes .	
AL RECO	The low on.		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? NO
OF VIT	SiCIAN: T ag physici certificate rial-tronsi entol Hyg		OR CONTRIBUTION TO CAUSE OF RE	ATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
DIVISION OF VIT	G PHYS attendin er this c s the bur ond Me		OR CONTRIBUTING CAUSE OF DE CA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	TTENDIN pitol ar TOR: Aff far use o of Health		sow the deceased alive or	ottol) attended the deceased from	(4), and that in (my) (out) opinion	death occurred on to date and hour	ond from the couses stoted
	the has at DIRECtoched the Dept.		22b. SIGNATURE	1600	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED 5 - 3 - 8 4
	TO HOSPITAL retained by th TO FUNERAL should be dete with the State	7	220 PHYSICIAN'S NAME (TYPE	0	22e ADDRESS	in Avenue:Bethesd	(20814)
	PP	7	30. BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	DHMH - 16 50M 4/83	2	BUTIAL  4. FUNERAL DIRECTOR DANZAL NAME	NSKY-GOLDBERG MEM	g David Memorial ORIAL CHAPELS 250 DA	TE REC'D. BY REGISTRAR 25h. REGISTI	RAR'S SIGNATURE NO WILLIAM
	(VRA 15, 4)		1170 Rockville P	ike:Rockville, Mo	1. 20852	011 - 1022	- F



and 2 should be filed within 72

ID FUNE ALD RECTOR: After this carrificate has been signed by the attending physician and completely filled in by the funitional as detached for use as the burind-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within the state Dept. of Health and Minital Hygiene prior to burial, cremation, or removal.

In more ony injury, or other traumatic event, the medical

MPORTANT: If Bem 21 is marked at them

_		FOR
1	-	STATE
		REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	STATE REGISTRAR				CER	TIFIC	ATE OF	DEATH		Ö	REG. N	0.	64	9		
ĺ		EASED NAME OR PRINT)	ichai		MIDDIE		Ci	fell	i	20	DATE OF	DEATH ay	MONTH 21	19	YEAR 84	26 HO	UR 70
	3 5EX	Male		4. RACE Whit	:e	N	TE OF	DAY	.192	3	AGE (INY		YRS	IF UNDER	DAYS	# UNDE	R 24 HRS MIN.
1	Ne	THPLACE (STATE OR F	7	76 CITIZEN OF V		MA WID	RRIED OWED	NEVER	MARRIED IVORCED		Мо	ntgo	mery	7			MD.
1	s:	ilver Spi	cing	401 ST	ierbro	STREET ADDRESS	riv		NOITUTIT		usual d üseü		iratc	IFE IND	KIND OF WSTRY nith		ian
	13a S		Mont	OTHER INSTITUTION.	13c. SITY OR	BEFORE ADMISS	1.	YES 🔀	NO 🗌				/ ZIP COL		e 2	08	150
		THER'S NAME FIRST Victor		MIDDLE	C	ifell			s MAIDEN FIRST Lian	INAME		WIDDLE	N	lazz	LAST are		
	16a W	AS DECEASED EVER	IN U.S. AR	MED FORCES?		SECURITY N		7. INFORM Mary		Cif	elli	ADDR LW)	ess Lfe) S			13	E
	z	Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last	DUE TO, OI	R AS A CONS LIVE R AS A CONS ARCINO	SEQUENCE (	OF NE	SYNY						IVEN IN P	`	MO	ONTH.
7	AL CERTIFICATION	190. DATE OF OPERATOR OF CONTRIBUTING OF CONTR	DERLYING E	SMALL 21b. TIME O HOUR A.	M. MONTH		RY	eTio.		CURRED	200 AUTO	NO	IN CERT	ES, WERE IFYING C YES	AUSES		ATH?
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RED	21e PLACE ( (AT HOME STR	OF INJURY REET FACTORY, O	11.0	1	I LOCAT	T ===			CITY OR 10	)WN	COL	JNTY		STATE
		22a I certify that (I) saw the decease above, (I) (worte 22b. SIGNATURE Awayh	ed afive and the did not	at) view the body	9	19 <b>84</b>	nond DE	GREE .	ATTENDIN PHYSICIAI	IG /	MEDICAL	STA	.FF	220		causes s	
		Dr.Dw.		Smith	·			80 (	) Per	shi	.ng I	or.s	.S.M	d.			
		URIAL, CREMATION,		23b. DATE 5/22	/84	23c NAME	OF CEA	AETERY OR	CREMATO	RY	23d LOCA	ORTOWN		COUNT	Υ		STATE

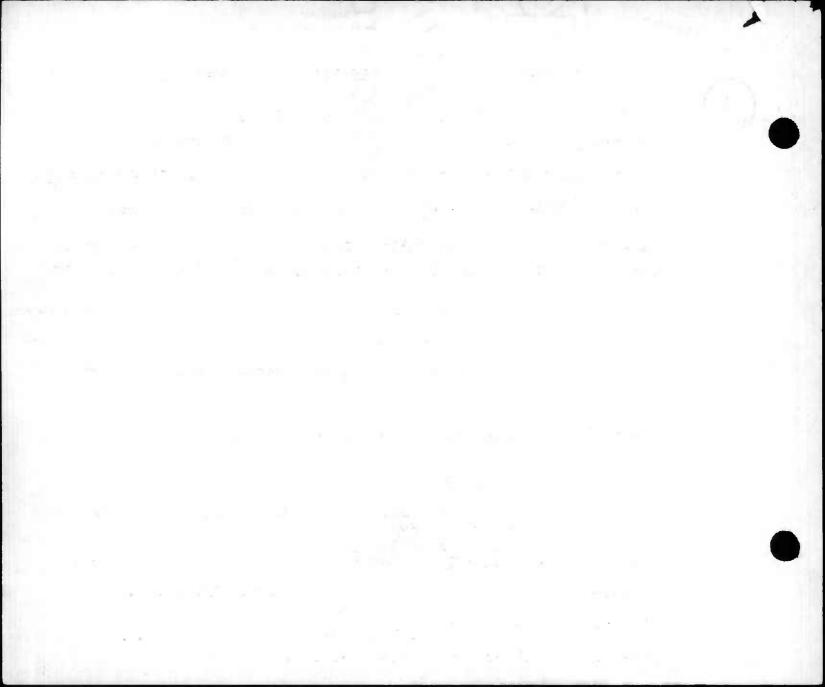
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or

BP.

24 FUNERAL DIRECTOR

Hines/Rinaldi 11800 New Hamp. Ave. S.S.Md. MAY 23 1084 136 receivants signature



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leath. Page 4 may be

STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	8 4 <sub>REG. NO.</sub>	14038
(TYPE		SIE LEE CLA	eK.	5-20	-84 240 P
3. SE	F	A RACE B S. DATE	OF BIRTH  TH DAY — 98	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED D	Montgomery	OUNTY OF DEATH  MD.
Ja	Koma Park, Mo	11 NAME OF HOSPITAL, NURSING HOME 11 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Was NIM Stown Add VE	entist Hosp	12d USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO  Domestic Wor	
13a. S Ma	ryland Prin	OR OTHER INSTITUTION, CIVE SIDENCE BEFORE ADMISSION 1131. CITY OR TOWN 11CE Georgeakona Park	YES X NO .	13e STREET ADDRESS / ZII 802 Colby Ave	enue 20912
/	ther's NAME heodore Lee	MIDDLE LAST	Nellie Quee	widdle	LAST
10	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 218-30-4119			shington,DC 20012 50 Georgia Ave.NW,
	PART I. DE ATH WAS CAL		mony are	ert	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF  (c) CALCAMIA  IT CONDITIONS CONTRIBUTING TO DEATH BU	) Co-1-GIVE	Cardial Fa	ON GIVEN IN PART 100
O	An	gina Peetonie			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART 2)
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive	spital) attended the deceased from 5/17 on 19	ond that in (my) (our) opinion o	to 5/20 deoth occurred on the date of	ond hour and Irom the couses stated
	226 SIGNATURE	blum	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 5 21) 844
	1224 PHYSICIAN'S NAME (TY)	VAID	7676 New	Hampshie	io Ana

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy shauld be detached for use as the burial-transit permit. Then please remove carbon paths with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic even

IMPORTANT; If Hem 21 is morked or Item 18 shows any

23g. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

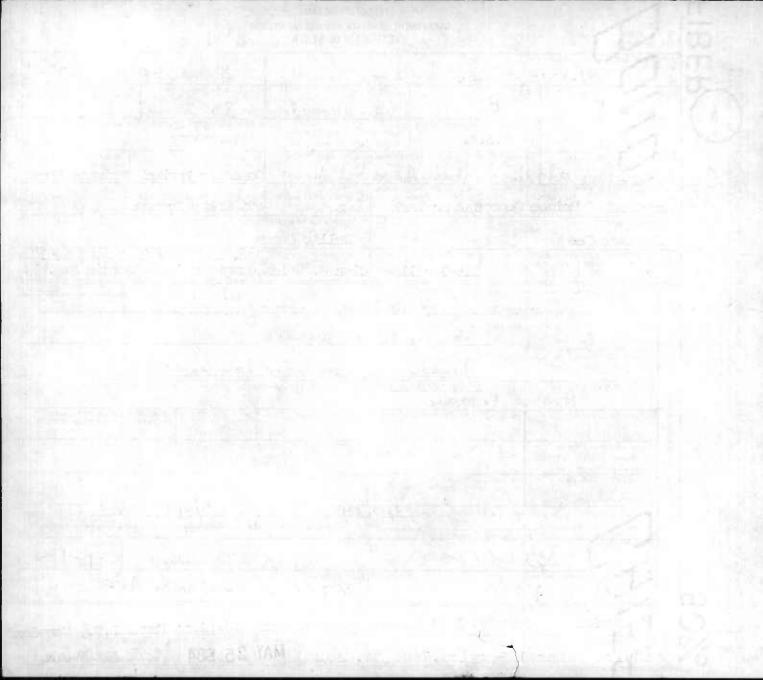
May 24, 1984 Harmony Memorial Park

24. FUNERAL DIRECTOR McGuire Funeral Service, 7400 Ga. Ave 1 Park Highland Park P.G. Maryland

250. Date Rec'd. By Registran 256 Registran's Signature

MAY 25 1984 Julia Javidson Randake

Julia Davidson-Randall



# STATE OF MARYLAND

l ı	FOR - STATE		DEPARTA		IEALTH AND MENTAL HY	GIENE		An	3 9
	REGISTRAR			CERTIF	FICATE OF DEATH	8 4,	REG. NO.		
	CEASED NAME PIRST		MIOOLE	- 1	LAST	2a. DATE OF DE		DAY YEAR	2b. HOUR
(TYP)	OR PRINT)	N	FAY	011	ank		5-1	6-84	950
3. SE		4. RACE	- 7,07	5. DATE C	OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER ) YEAR	IF UNDER 24 HRS
1	lale	CAUCASI	AN	MONTE	- 28 - 17		66 YRS.	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D WEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
	ONNECTICUT	U.S.A.		WIDOWE		Mon-	taom	624	MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC	CUPATION R MOST OF WORKING LIFE	126. KIND O	F BUSINESS OR
Si	VER Sprind	Holy	1 (105:	5	loso ital	SOIL	TESTER	D.C.G	OUT.
	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION			ALSO PICIDE CITY LIMITED	In CYPET ADD	SOLEC		
MA	RYLAND PRI.	GEO	BELTSVIL	LE	YES XX NO _		CHERRY HI	LL ROAD	20705
19 F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	innie	LAS	.T
1	CLARENCE	RAY	CLARK		MABEL	1		CAL	KINS
164	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	YES NOOR UNKNOWN) (IF YES, G	W II	013-16-1	628	DOROTHY M.	CHARK	SAME A		WIFE
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS) 4920 IMMEDIA Conditions, if ony, which	ED BY: TE CAUSE (a)	R AS A CONSESS	Nux	try 49	, lune		BETWEEN	MATE INTERVAL ONSET AND DEATH
-	gove rise to immediate couse (a), stating the underlying couse loss	)	r as a conseque	NCE OF					
	PART 2. OTHER SIGNIFICANT	(c)_	ONITRIBUTING TO S	DE ATH BUIL	NOT BELATED TO THE TER	MAINIAL DISEASE O	B CONDITION CIV	ENLIN DART 1	
NO.	F 4	Imm	ay P	w	www.	MINAL DISEASE O	K COMDITION GIVE	LIN HA PART TH	
CERTIFICATION	Ha DATE OF OPERATION	19E COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	29n AUTOPS	IN CERTIF	WERE FINDIN	OF DEATH?
1 5	TIE ACCOUNT WAS UNDERLYING	1 21h TIME O	E INJUIDY		21c HOW INJURY OCCUR	Total State of the last of the	OLI YES	- family	NO []
	ON CONTRIBUTING CAUSE OF TH	ATH HOUR A.	M. MONTH DA	YEAR	ELCHOW HOURS OCCUS	MACO. LEWIS MATERS	The services are rate of the	MAT ( CHEART ST	
MEDICAL	214. INJURY OCCURRED	71e PLACE	OF INJURY		711 LOCATION	1 2	ry or town	county	STATE
W	AT WORK AT WORK	(AT HOME, ST	HET, PACTORY, OFFICE, F	II.	20 8	V	/ CATIONIA	24	STATE
	72s.1 certify that (1) (this has	17124	e deceased from	W	19_0	10	0		that (t) (we) last
	saw thii deceased alive o above, (fillwe) (did) (did s	of friew the body	ofter death.	10	hd that in (my) (our) opinion	n death accurred or	a the date and hour	and from the	couses stated
	224 SIGNATURE	1).as	my 9	11.0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	TIC DATE	SIGNED BY
	220 PHYSICIAN'S NAME THE	D.N	lahipe	4	SILVER SI	-	200000	RYLAND	0 4
	BURIAL, CREMATION, REMOVA		CV CC		EMETERY OR CREMATORY	C105 C813		COUNTY 440	DOTHER
	CREMATION	5/7/8	4 ME	TROP	OLITAN CREMAT	UKY ALE	EXANDRIA	VI	RGINTA

DHMH - 16 50M 4/82 (VRA 15, 4)

CREMATION 5/7/84 METROPOLITA
THE FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

Lend - En Charle - Arena E-1884 & parameter from the party area of the finite and campletely filled in by the funeral di

executed within 24 hours ofter death.

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	DECISTRAD

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

64	REG. NO.	******	4	0	4	Ü
	MEG. 140.					

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	4		
1. DECEASED NAME	FIRST	MI	DDLE	L	AST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR	
(TIPE OK PRIMIT)	Joanne	Wha	arton	Co	oe	May 14	, 1984		1:428	L <sub>M</sub>
3. SEX	4.	RACE		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HE	
Female		White			Ly 16,1927	50	YRS.	JA15	l looks   ikin	
7a. BIRTHPLACE (ST.	ATE OR FOREIGN 71	CITIZEN OF W	HAT COUNTRY	8 MADDIET	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
Kansas Ci	ty,MO 1	United S	States	WIDOWE		Montge	omery			MD.
Rockvill		(IF NOT IN SUCH	DSPITAL, NURSI FACILITY, GIVE STREE Leadow C	T ADDRESS)	R OTHER INSTITUTION	12d USUAL OCCUPA (TYPE OF WORK FOR MOS' Housewif	OF WORKING L		F BUSINESS C	OR
USUAL RESIDENCE ( 130. STATE Maryland	13b. COUNT Montg	Υ 1	NE RESIDENCE BEFORE  COLTY OR TOVE  ROCKV11	VN 1		13. STREET ADDRESS	low Co	urt 20	0850	2
14. FATHER'S NAME Rober	t Bruce T	wharton	LAST			Atkinson C		LAS	ī	
WAS DECEASED	EVER IN U.S. ARM		66 SOCIAL SEC 577-42-1		LOWTY N. CO				w Ct.	
	o immediate stating the couse lost.	DUE TO, OR  (c)  ONDITIONS CON		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YE	S, WERE FINDIN	IGS USED	_
AEDICAL OF CONTRIBUTION OF CON	/AS UNDERLYING	21b. TIME OF			21c HOW INJURY OCCUR	YES NO	Y	FYING CAUSES ES  PART 1 OR PART 2)	NO [	
OR CONTRIBUTION	G CAUSE OF DEATH	HOUR A.M		AY YEAR						
21d INJURY O		21e. PLACE O			21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE	
sow the d	not (I) (this hospito eccosed alive on (we) (did) (did not)	Marc	(3) 19_	-1,	d that in (my) (our) opinion	, toC death accurred on the	dote and ha			ost
22d PHYSICIAN	N'S NAME (TYPE OR I	PRINT) P.	Cuin	LVAT	ATTENDING PHYSICIAN 2220. ADDRESS	MEDICAL ST DIRECTOR PHYS	,		15,1981	<u>+</u>
23a. BURIAŁ, CREMA		23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	123d. LOCATION				_
Crematio	n	5-15-			ematory	Washingt	on,D.	COUNTY	STATE	

BP.

should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages, with the State Dept. af Heolth and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shaws ony

injury, or ather troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

retained by the hospital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR

REGISTRAR 256. REGISTRAR'S SIGNATURE ee Funeral Home 300-4th St. N.E. Wash.D.C. 20002

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Sor land Montgonery Rockylle x 4258-Manice Jourt

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STATE	our Million

#### STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE

REG. N	10.	4	J	4	
OF DEATH	MONTH	DAY	YEAR	2h. H	ā

1.	STATE REGISTRAR			02.7	CERTIF	ICATE OF DEATH	8 G REG. NO	. 4	U	
	CEASED NAME	FIRST	- /	MIDDLE	l	AST	20. DATE OF DEATH	MONTH DA		26 HOUR
TIAME	OR PRINT)	Sadie			Co	ohen			3,1984	2:20P <sub>M</sub>
3. SE	X	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
	Female		White		June	a 1°, 1914	69		DAIS	mooks min.
	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8.		9. BALTIMORE CITY O	R COUNTY C	F DEATH	
	New York		U.	S.A.	WIDOWE	D NEVER MARRIED D	Montgome	v Cour	itv.	MD.
10. C	ITY OR TOWN OF DEA	TH 1	1. NAME OF H	HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	NC	12b. KIND C	OF BUSINESS OR
	llver Sprin		1121 Un	H FACILITY, GIVE STREE	Blvd	, West	Sales Cle		W. Be	11 and Co
USU.	AL RESIDENCE (IF NURS	ING HOME OF C	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		020	190 ans
	ryland	Montg		Silver S			1121 Unive	sity E	31vd.,	West
	THER'S NAME					15. MOTHER'S MAIDEN NAM				
	Sam	M	IDDLE	Rosen		Rachae	1 MIDDLE	Sc	hwart	
16a. V	VAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE			
(	YES, NO OR UNKNOWN)	(IF YES NOW	A OR DATES)	578-07-	-0940	Stanley Cohe	n Silver	d Ct. pring	Md.	20904
	18. CAUSE OF DEAT	H (Enter only	one couse per	line far (a), (b), a	nd (c)				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED	BY:			of the Lung w	ith Metasta	asis		
	11,00	IMMEDIATE	CAUSE (0)			to the Brai				
	1021	14.1	DUE TO, O	R AS A CONSEOL	JENCE OF					
-	Conditions, if ony,		(b)_							
	couse (a), statin		DUE TO, O	R AS A CONSEOL	JENCE OF					
			(c)							
7	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
CERTIFICATION										
8	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
E							YES NOXX	YES		NO 🗆
8	210. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	T 1 OR PART 2)	
Y	OR CONTRIBUTING (			M.	19					
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TO	a th I	COUNTY	STATE
¥.	WHILE NOT WH	RK	(AT HOME, STE	REET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I)		al) ottended th	e deceased from	April	19 19 84	May 8		84	that (I) (we) last
	sow the decease	ed olive an_	May 3	19_	84	nd that in (my) (our) opinion d	leath occurred on the do	te and hour	and from the	couses stated
	obove, (I) (we) (c 22b. SIGN W PRE	did) (did not)	view the body	ofter death.		DEGREE			22c DATE	SIGNED
	Ki	han	DW. 7	Hoth	MIT	ATTENDING	MEDICAL STAF	F IAN []	May	8, 1984
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	1000	MA	220. ADDRESS				
	Richard	W. Ho	1t, M.I	).		3800 Reservoi	ir Rd., N.W	.,Wash	, D.C	.20007
23a. I	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
В	SPECIFY)		5-10-	84 J	udean	Gardens	ó™iney,	Mary	land	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

etoined by the haspital TO HOSPITAL

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IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction of the burial-transity permit. Then please remove carbonopaers. Pages 1 and 2 shauld be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If hem 21 is morked or hem 18 shows ony

24 FUNERAL DIRECTOR IVes-Pearson Funeral Homes Falls Church, Va. DIRECTOR IVes-Pearson Funeral Homes

MAY 1 5 1984 Julia Davidson-Rondell

malyzot trans-

TAY 1 5 868 C Lindows Police 1 7 All

Series Charles

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune that the defended for use as the burial-transit permit. Then please remove carbonopeers. Pages 1 and 2 should be filled within with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

STATE OF MARYLAND

En	1	6	U	A	- 4
REG. NO.	8				

I. DE	CEASED NAME	FIRST	٨	AIDDLE	L	AST	2a. DATE OI	DEATH MON	NTH DAY	YEAR	2b. HOUR
	E OR PRINT)	John	1	L.	Col	ker Jr.	(MA	Y) 5	29	84	12:3
3. SE	× MALE	4.	RACE WHITI	3	SEPT	.24,1915	6. AGE (IN)	EARS LAST BIRTHDA	YRS.	DER I YEAR	IF UNDER 2
7a. Bl	RTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	M	RECITY OR CO	OUNTY OF	DEATH	
	ity or town of de. Olney					or other institution  1 Hospital	(TYPE OF WOR	occupation k for most of wo Manage	ORKING LIFE! IN	ZE KIND C NDUSTRY Air C	Production of the state of the
	AL RESIDENCE (IF NUR STATE 20879	SING HOME OR OT NI COUNTY Mont	Y	GIVE RESIDENCE BEFORE  134. CITY OR TOW  Gaithers	N	13d. INSIDE CITY LIMITS? YES NO 🔼		ADDRESS Warfiel	ld Road	d X	08
14. FA	ATHER'S NAME Uohn	L. MIC	Coker	, Sr. LAST		IS. MOTHER'S MAIDEN N  Edith -	AME	WIDDLE	Donn	$ ext{elly}^{ ext{\tiny A}^{ ext{\tiny S}}}$	ī
(	WAS DECEASED EVER YES NO OR UNKNOWN) NO	(IF YES, GIVE W		577-07-5		Lillian L.	Coker	Same as	s # 13		
	Conditions, if any gove rise to im cause (a), stati underlying cause	mediate ng the	DUE TO, OI	VENTRI RAS A CONSEQUE LUTE RAS A CONSEQUE	MY0	CARDIAL	INFA		J.		
FICATION	gove rise to im cause (a), stati underlying cause	which mediate mg the e lost.	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO	RAS A CONSEQUE R AS A CONSEQUE	MYO ENCE OF		INFA	ection E OR CONDITI	DD. IF YES, WE	RE FINDI	NGS USED OF DEATH
AL CERTIFICATION	gave rise to im cause (a), stati underlying cause PART 2. OTHER SIG	,, which mediate ng the e lost.  ATION  ADERLYING CAUSE OF DEATH	DUE TO, OI  (b)  DUE TO, OI  (c)  NDITIONS CO  196. CONDI  216. TIME O HOUR A.	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  FINJURY  M. MONTH DA	ENCE OF ENCE OF DEATH BUT OPERATIO	CAR DIAL	INFA	ection EORCONDITI	DD. IF YES, WE N CERTIFYING YES	ERE FINDII G CAUSES	VGS USED
MEDICAL CERTIFICATION	gove rise to im couse (a), stoti underlying couse PART 2. OTHER SIG	/, which imediate ng the e lost.  NIFICANT CO  ATION  ACCUSE OF DEATH OCALEXAMINER)  TOTAL EXAMINER  THEE	DUE TO, OI  (b)  DUE TO, OI  (c)  DIVIDITIONS CC  196. CONDI  216. TIME O HOUR A.  P.  210. PLACE	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  FINJURY  M. MONTH DA  M.	ENCE OF ENCE OF OPERATIO  AY YEAR 19	NOT RELATED TO THE TER	INFA	ection EORCONDITI	DON GIVEN IN  DISTRIBUTION  DI	ERE FINDII G CAUSES	NGS USED OF DEATH
	gove rise to im couse (a), stati underlying couse PART 2. OTHER SIG	, which imediate ng the e lost.  NIFICANT CO  ATION  ATION  ATION  CAUSE OF DEATH  DICALEXAMINER)  RRED  HILE  J) (this hospitol and office of a condition o	DUE TO, OI  (b)  DUE TO, OI  (c)  INDITIONS CO  19b. CONDI  21b. TIME O  HOUR A.  P.  21b PLACE (AT HOME, STE  View the body	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F  e deceased from  19	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TER  IN WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION STREET  28 , 19 19 19 10 19 10 19 10 19 10 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	MINAL DISEAS  200 AUTO YES  RRED (ENTER N.)  MEDICAL DIRECTOR	E OR CONDITION  DPSY?  IN O IN TURE OF INJURY IN  CITY OR TOWN	DON GIVEN IN  DISTRIBUTION  DI	COUNTY  d fram the	NGS USED OF DEATH NO

DHMH - 16 50M 4/B2 (VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.		

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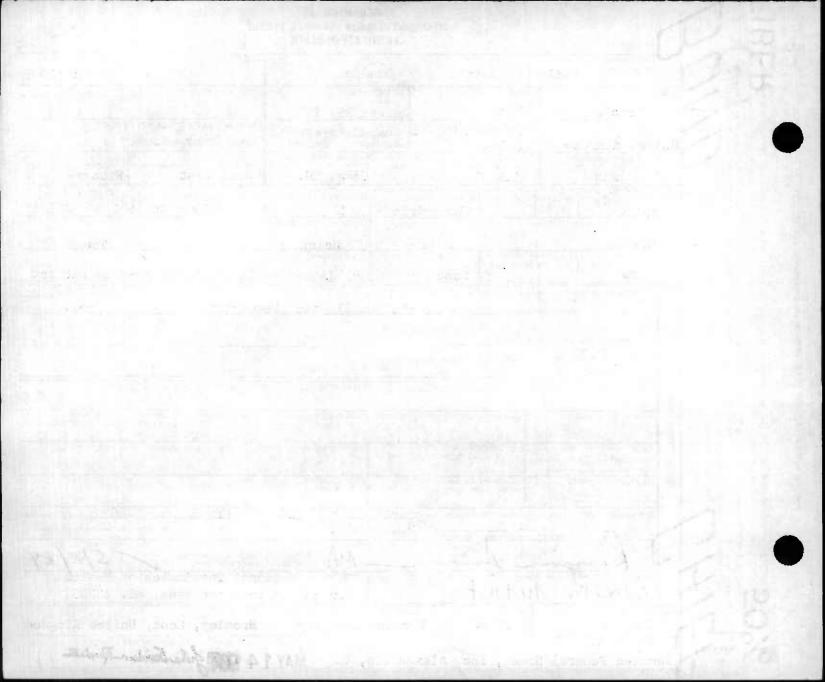
4.	REGISTRAR				CERTII	FICATE OF DEATH	REG. NO	).	4 0	, ,	
	DECEASED NAME	FIRST		MIDDLE		LAST		HTMON	DAY YEAR	2b. HOU	JR
L	TIPE OR PRINT)	Sheila	Не	ather	Cor	ndie	Ma	y 8,	1984	10:3	30 PM
3.	SEX		4. RACE		5. DATE (		6 AGE (IN YEARS LAST BIRTI	HDAY)	MONTHS DAYS	IF UNDER	R 24 HRS
L	Female		White			st 25, 1925	58	YRS.	INDIVING. DATS	1100113	1
77	BIRTHPLACE (STATE O	OR FOREIGN	THITTE	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY OF	_			
	nited King	dom	Englan	d	WIDOWI	ED DIVORCED	Montgomery				MD.
7	Bethesda		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	NIH nesda, Md.	120 USUAL OCCUPATION OF ASSISTANT		17h. KIND C INDUSTRY Embas		ESS OR
	SUAL RESIDENCE (# NU	IRSING HOME OR		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZID COL	<sub>E</sub> 9	44	40
ъ.	Virginia	işa. coore		Alexandr		YES X NO	601 Wilkes			223	314
	FATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NAM			1.05		
4	George		MIDDLE	Moir		Helen	MIDDLE		Tou	-	
10	WAS DECEASED EVE			16h SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	SS	100	811	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	None		Mr. James Con	die (busban	d) s	ame as r	oatie	ent
F	IL CAUSE OF DEA	ATH (Enter onl	v one couse per	line for (a), (b), one	d (c).1	in the second second	(11000000			MATE INTE	
	PART I. DEATH	WASCALISED	BY.			anaplastic ast	rocytoma		8 mc		
П	1919	IMMEDIAL				11140240020 400					
	Conditions, if or	av which	DUE TO, O	R AS A CONSEQUE	NCE OF						
Н	gove rise to in	mmediate	(b)—								
1	underlying cou		DUE TO, O	R AS A CONSEQUE	NCE OF						
1	DART 2 OTHER CH	CANEICANITC	(c)	ON TRIBUITING TO	DE ATH DUI	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	UTIONIC	IVENLINI DADI 1		
		ONFICANT	ONDINONS CO	SINIKIBOTING TO L	DEATH BOT	THO RECATED TO THE TERM	INAL DISEASE OR COND	IIIOI4 G	IAEIA IIA LWKI 10		
7	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN		
1							YES NOTO	1	IFYING CAUSES	OF DEAT	
1	21g. ACCIDENT WAS U	INDERLYING [	21b. TIME C	F INJURY		21c. HOW INJURY OCCURR	- 17			110	
		- Second	HOUR A.	M. MONTH DA							
L	OR CONTRIBUTING L		P. 21e. PLACE		19	211. LOCATION				-	
F	WHILE IN NOT	WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	VN	COUNTY		STATE
T	AT WORK AT W	VORK				00	O		07		
1	220.1 certify that	(1) (this hospit	ol) attended th	e deceased from 198		30 19.84		. 11		thotXI (	
	obove, () (we)	(did) (didyngt	May 8 ) view the body	ofter death.	. 0	nd that in (Xy) (aur) apinion a	death occurred on the do	re ond no			orea
	27b. SIGNATURE	non	-4	nara		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN III	22c. DATE	SIGNED	84
1	22 A PHYSICIAN'S	MAINE (TYPE OF	PRINT)	4			onal Instit		of Heal	th	
	KANJA	FW J	UAR	A		Clinical Cen				)5	
2	30. BURIAL, CREMATION	N, REMOVAL	23h. DATE		NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
1	Burial		5/18/8	4 Br	omle	y Cemetery	Bromley, K	ent,	United	King	gdom

DHMH - 16 50M 4/83 (VRA 15, 4)

Alexandria, VA

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR
NAME
Demaine Funeral Homes, Inc



STATE OF MA	RYLAND
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EPART	MENT	OF H	EALTH	AND	MENTAL	HYGIEN
	CE	DILL	ICAT!	TAL	DEATH	

1 -	STATE REGISTRAR				ICATE OF DEATH	8 4 REG. NO.	16	0 4	4
	CE ASED NAME OR PRINT)	telen -	R Co	ner	AST D	5/28/8 4	NONTH DA		2 HOUR M
3. SE	х	4. RACE	5	DATE C		6. AGE (IN YEARS LAST BIRTH			HOURS MIN.
	Female	Cauc	casian	Apri		59	YRS		
1111	RTHPLACE (STATE OR F COUNTRY) shington.		1 04-4-4		NEVER MARRIED	Montgom			
	ITY OR TOWN OF DEA			VIDOWE HOME C	D DIVORCED DIVORCED DROTHER INSTITUTION	12ª USUAL OCCUPATIO		County,	BUSINESS OR
X.	Sethesda	Sub	urb and	RESS) Hosp	ital	(TYPE OF WORK FOR MOST OF THOMEMAKET	WORKING LIFE)		
13e. S	STATE	ing home or other institution 136. COUNTY  Montgomery	130 CITY OR TOWN Silver Sp		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 1	ZIP CODE ont Ci	20902 rcle	
14. FA	THER'S NAME FIRST Judson	WIDDIE	Randlett		15. MOTHER'S MAIDEN NAM	WE		Hynes	
		IN U.S. ARMED FORCES	16b. SOCIAL SECURIT	YNO.	12. INFORMANT	ADDRES	S		
1	YES, NO OR UNKNOWN)	( IF YES, GIVE WAR OR DATES)	218-20-10	17	Mr. William L	. Conero, Hu	ısband	l, Same	as #13
	18. CAUSE OF DEAT PART I. DEATH W 25 OC Conditions, if ony, gove rise to imm couse 10), stofin underlying cause	DUE TO, which (b) nediote g the	or line for (0), (b), and (c)  Carliage  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE	Opic CE OF	natory for	ilme Clinical)		BETWEEN ON	AJÉ INTERVÁL NSET AND DEATH
NOI	PART 2 OTHER SIGN	NIFICANT CONDITIONS BELLETING	lower exp	Leny	NOT RELATED TO THE TERM	Terco			
CERTIFICATION	3/9, 5/18, 5	7-2 00	DITION FOR WHICH OF	LEU	N WAS PERFORMED			WERE FINDING	
	218. ACCIDENT WAS USED OR CONTRIBUTING (	CAUSE OF DEATH	O INJURY AM. MONTH DAY P.M.	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAI	RT T OR PART 2)	
MEDICAL	214. INJURY OCCUR	HILE [] [AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, FARA		211 LOCATION STREET	CITY OR TOW	N A	COUNTY	STATE
	saw the decease	this hospital) oftended ed alive on did) (did not) view the ba	28 19 8	111	nd they in (my) (our) opinion	to, todeath accurred on the dat	e ond hour	· /	ouses stated
	22h SIGNATURE	7/	· in	0	DEGREE ATTENDING	. MEDICAL STAFF		22c. DATE S	IGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled. IMPORTANT: If Item 21 is marked or Item 18 shaws ony should be detached for use as the with the State Dept. of Health and

injury, or ather traumatic event,

the burial-transit permit, Then please remove cand Mental Hygiene prior to burial, crematian,

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL ISPECTIVE BUTIAL June 1,1984 24 FUNERAL DIRECTOR

22e ADDRESS

Gate of Heaven Cemetery STIVer Spring, Maryland

Robert A. Pumphrey Funeral Homes, P.A., Rockville, Maryland . BY REGISTRAR 256, REGISTRAR'S SIGNATURE

X X The State of t PROME TO SELECT THE PROPERTY OF THE PROPERTY O MILETON OF THE STATE OF THE STA

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - STATE		D		EALTH AND MENTAL HY	8 4	140	4 5
1. DECE ASED (TYPE OR PRINT	NAME EIRST	MIDDLE B	. Co.	NNEY FBIRTH	REG. N  20 DATE OF DEATH  6 AGE (IN YEARS LAST BIR	MONTH DAY YEAR 5-22-89 RIHDAY) IE UNDER I YE	AR IE UNDER 24 HRS
MIA		WHITE	MONTH	DAY YEAR	67	YRS.	
COUNTRY)	CE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIED WIDOWE	NEVER MARRIED DIVORCED	70.	OR COUNTY OF DEATH	
Silve	SOLING	(IF NOT IN SUCH EACILITY, G		HOSpital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		DOF BUSINESS O RY ETIRED
USUAL RESII 13a. STATE	DENGE (IP NURSING HOAE)	ROTHER INSTITUTION, GIVE RESIDEN NTY 13c CITY (	OR TOWN	13d INSIDE CITY LIMITS?	403 B	ZIP CODE.	AVENUE
4. FATHER'S	NAME FIRST	ALTER C	ONNER	15. MOTHER'S MAIDEN N	TIE MIDDLE	OR	ANGE
		RMED FORCES? 166. SOCI. NE WAR OR DATES) 223	al SECURITY NO12-2731	MARIE H.	CONNER-	403 BRONK	VING AVE
gove couse under	itions, if ony, which rise to immediate (a), stating the rlying cause last.	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTIONS	NSEQUENCE OF	itastasis to nu	ok and jast	IDITION GIVEN IN PART	1ta
CERTIFICATION 1510 DA	Deuty TE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAUS YES	
	CCIDENT WAS UNDERLYING [ NTRIBUTING ] CAUSE OF DE	HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I ORPART	2)
2	JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY	,	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
so al	w the deceased alive a	other the deceases of the deceases of the deceases of the decease	n. 19 <b>84</b> on	d that in (my) ( and apinion opinion o		22c. DA	the couses stated
	MAYIN HYSICIAN'S NAME (TYPE AARON H	ORPRINT)  TRAVM	mj	8915 Glas	pa are SI	er Spring	Md 200
230. BURIAL,	CREMATION REMOVA Burial.	MAY 25. 1984	Glasgo	EMETERY OR CREMATOR	Glasgow	Virgin	ia. STATE
34 / O) 84	DIRECTOR A	Takoma	Funeral	25e. D		256 REGISTRAR'S SIGN	NATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burnal-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO SHARE COUNTY METERS

# STATE OF MARYLAND

FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALT	TH AND MENTAL H	YGIENE REG. 1	1 4	0 4	6
1. DECEASED NAME FIRST (TYPE OR PRINT)	B.	Coe	oK	2a. DATE OF DEATH	MONTH DAY	841	HOUR 150 M
3. SEX	4. RACE	5. DATE OF BIF	DAY YEAR	6. AGE (IN YEARS LAST 8	MONI		UNDER 24 HRS
Female	White	1	23 93	91	YRS.		
70 BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
N. Carolina	U.S.A.	WIDOWED	1	D Monta	onen	1 7.3	MD
BOLLOS &	11. NAME OF HOSPITAL, NU		HER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Homema	OF WORKING LIFE)	26. KIND OF BUNDUSTRY	USINESS OR
USUAL RESIDENCE IF NURSING HOME 130. STATE 136. COL	UNTY 13c. CITY OR 1	TOWN 13d	INSIDE CITY LIMITS	? 13e STREET ADDRESS 1000 Bruns			0910 se
II. FATHER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN	NAME		LAST	
S. S.	Brow	n	- Helen	Gray		Lan	
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIALS 040-58		informant Ms. Doroth		ckville N		Rd.
gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RIGHT RELATED TO THE TE		NDITION GIVEN I	DY IN PART 1(g	LUSED
JFIG.				YES TO NOT	IN CERTIFYING	G CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTHY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this had	HOUR A.M. MONTH P.M.  21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	DAY YEAR 19 215 PICE, FARM, ETC.)	LOCATION STREET	CURRED (ENTER NATURE OF IN)	JURY IN ITEM IS PART 1	COUNTY that	STATE
MANUEL STATE STATE STATE STATE	not view the Vody ofter death.	MIS DEGI	REE ATTENDING PHYSICIAN		AFF	STATESIG	
230. BURIAL, CREMATION, REMOVA (SPECIFY) Removal		23c. NAME OF CEME	TERY OR CREMATOR	RY 23d. LOCATION CITY OR TOWN	cc	OUNTY	STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physicia

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If hem 21 is morked or Item 18 shows

completely filled in by the funeral director, pegrants and 2 hould be filed within 72 hours after death

equires that the death certificate be executed within 24 hours ofter death. Po

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

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BIVISION OF VITAL RECORDS, 201 W. PRESTON St., BALTIMOKE, MAKTLAND 2120	PHYSICIAN	
NG	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dec	
	8	)
	OSPITAL	

		# 12 a, 14, FILMG.	593		STATE	OF MARYLAND				
X X	1-	FOR 7/2/84 Km		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE SZ Zi	1 4	0 4	8
	1 DEC	REGISTRAR EASED NAME FIRST	MIDDLE		CERTITION (A	ST .	REG. NO	D. MONTH DAY	YEAR 2h	HOUR
. o		Susc		(	cord	tilla	May	28	3,1984	255 AM
A D T	3. SEX		4. RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LASTIBLE			UNDER 24 HRS
0 ( PA )	Æ	EMALE	CAUCASTAN		OCT	30,1915	68	YRS.		, mile.
P Pogo	7a. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY O		FDEATH	
deoth.		PENNSYLVANIA	U.S.A.		WIDOWE		MONTGON			MD.
rs ofter dea by the fune filed within		OLNEY	MONTGOMERY	ITY, GIVE STREET A	DORESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION OF THE STAKER BAKER	EWORKING LIFE	126 KIND OF BI	ODS
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completely I and 2 sh	14. FA	THER'S NAME FIRST GEORGE	KOSLAR-CE	SLAP.		15. MOTHER'S MAIDEN NAM	MIDDLE		MIDLO	
e execute	(1	AS DECEASED EVER IN U.S. A	SIVE WAR OR DATES!	OCIAL SECUR		DOROTHY J. B		\$2804 CKVILLE	PARKLANI ,MD.	D DRIVE 20853
rtificate by physicial and papers. emayal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane couse per line for SED BY: ATE CAUSE (a)	de la	Myoz	ardial inlar	ctusi		BETWEEN ONS	EINTERVAL EI AND DEATH
		4100	DUE TO, OR AS A	CONSEQUE	NCE OF	+				N. P.
e death ce atendin mave carb troumatic		Conditions, if any, which gave rise to immediate	( lb)	Corene	my C	Meroscless	is		year	0
hat the by the ose red I, crem other		cause (a), stating the underlying cause last.	DUE TO, OR AS A	A CONSEQUE	NCE OF					
signe hen pl ta bur njury, 6	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	melle	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
he law re on. hos been t permit. I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
PHYSICIAN: The lo ending physicion. this certificate has the buriol-transit per ad Mental Hygiene d on them 18 sfows.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
or attending After this a After this a e as the bur bolth and Me marked ar th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF IN		IRM, ETC )	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TENDINI ital or of TOR: Aft or use os of Health		22a.1 certify that (1) (this has	May 15	19 8	70 . on	d that in (my) our) opinion o	death occurred on the de	28, 19 ate and haur a	nd fram the cau	(I) (we) lost ses stated
at OR AT the hosp at DIREC etoched for the Dept. of		22b. SIGNATURE	S Rosen	deorn.	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		5 DATE SIG	NED 9/X4
TO HOSPITAL retained by th TO FUNERAL with the Store IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE	Rosen			270 ADDRESS Silver		MO		
Bb Draw M		URIAL, CREMATION, REMOVA SPECIFY) BURIAL	5/31/84			HEAVEN	STLVER SP	RING	TNOMINO	STAND.
	24 FL	INERAL DIRECTOF RANCT.	S L. COLLIN	S		25g. DAT	E REC'D. BY REGISTRAIN	25b. REGHSTRA	R'S SIGNATURE	0.4

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### STATE OF MARYLAND

1.	STATE			DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	DENE 1	40	49
	REGISTRAR						REG. NO.	., 9	1
	CEASED NAME ORPRINE	SVE		E.	CORI	VWELL	20 DATE OF DEATH MONTH	184 YEAR	4.15 M
3, SE	×		4. RACE		5. DATE O		6. AGE (IN YEARS LAS MITTHE AT)	# LINDER I YEAR	
1 /	EMALE		witti	E	MONTH	1-27- 1898	85 v	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
Wa	ashington	, D.C.	4.5	. // .	WIDOWE	DXX DIVORCED	Montgom	ery	MD.
D C	TY OR TOWN OF	MATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND	AN THEMES OR
74	WOMA TA	RK	SLIGO	GARD	ENS	N.H.	Retired	-	urance
13u	AL RESIDENCE (IF N	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODF	
_ 1	Maryland		tgomery		Spring	YES 🔀 NO 🗌	15201 Elkridge		20906
14. F/	Albert		WIDDLE	Rÿa	an	15. MOTHER'S MAIDEN NA Margaret		Kree	eps
16a \	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	116b SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDRESS		
	YES, NO OR UNKNOWN) N/A	( IF YES, GIV	N/A	578-07-			le-nephew- (sar		E)
MEDICAL CERTIFICATION	PART 2 STHER S	ony, which immediate of the use lost.	DUE TO, O	ITION FOR WHI	OUENCE OF	N WAS PERFORMED	YES NO NO WYC	GIVEN IN PART I	INGS USED
1 CE	210. ACCIDENT WAS OR CONTRIBUTING	_			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	A 18 PART   OR PART 2}	
S	(IF EITHER NOTIFY A			M.	19	21f. LOCATION			-
MED	21d. INJURY OCC	WHILE WORK	21e PLACE (AT HOME ST	REET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	sow the decobove, (I) (w 22b. SIGNATURE	eosed Alive on		4-27	, on	DEGREE	deoth occurred on the date and		t, that (II (we) last the couses stated TE SIGNED
	22d. PHYSICIAN'	NAME (1199 C	R PRINTS	cy.	MW)	ATTENDING PHYSICIAN D 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Sike	el
		Jas	m be	yeur.	My,	SILVER	SARINE	w).	20910
23a.	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	2	31. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

TO FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 74 FUNERAL DIRECTOR
HINES/RIWALDI F. H.

5-3-1984

Congressional Cemetery

Washington, D.C.

250 DATE REC'D BY REGISTRAR 250 REGISTBAR'S SIGNATURE

ALAN DO 1001 Funa Davidson Pandell

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2a, DATE OF DEATH 1. DECEASED NAME MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 15 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE A STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Mont to WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR SALES GIRL DEPT. STORE IVER SDRIN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTRUCTION, GIVE RESIDENCE BEFORE ADMISSION 20760 13a. STATE 136 COUNTY 13c CITY OR TOWN 1 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS mo mont 1231 ENSINATON YES R NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME ELISHA MIDDLE MIDDLE PHILLIPS ELIZABETH WATSON 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 13008 TOTSE AVE. (YNOO OR UNKNOWN) DOROTHY GORDON, ROCKVILLE, MD. 235-38-3188 20853 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. A HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IE FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on\_ and that in (my) (our) opinion deoth accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE EGREE 22c. DATE SIGNED **ATTENDING** MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS DRIVE Whealo 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE SPERITRIAL COUNTY 5/10/84 PARSONS City Cemetery W. VH. 24 FUNERAL DIRECTOR 1120 CONN AVE. N.W. #940

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR:

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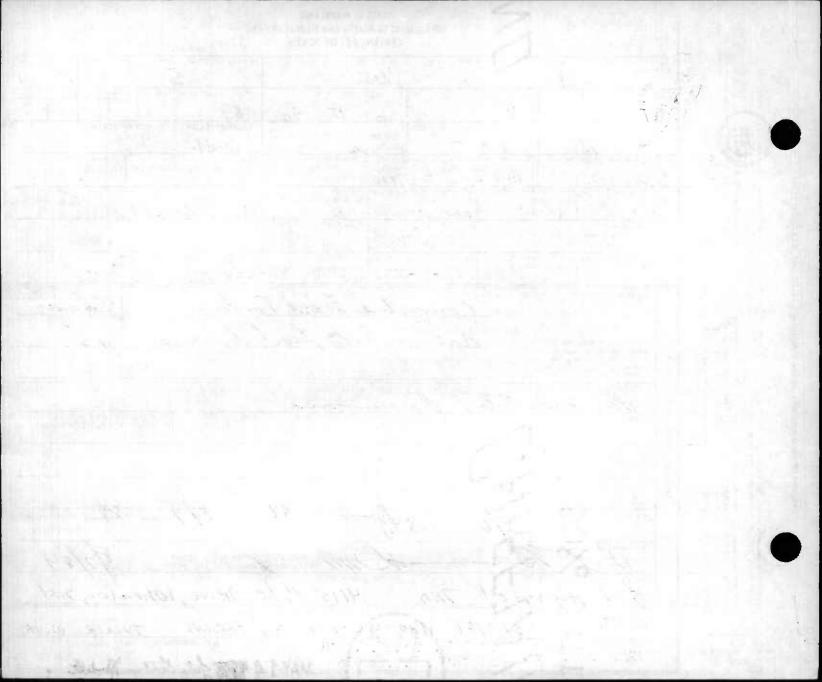
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RICHARD RAPP, INC. WASHINGTON, D.C. 20036



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	8 4 REG. NO	0. 4 0	5
	CEASED NAME FIRST BERTH	M.	CRU	m:+	2a. DATE OF DEATH	MONTH DAY YEAR 5-5-84	26. HOUR AM
3. SE	X	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
	Female	White	Dece		73	YRS.	3 HOURS MIN.
		76. CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
_	Vew Jersev	U.S.A.	WIDOWI		montai	meRU	MD.
	ITY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA V		OF BUSINESS OR
3	LIER SORING	HILL CRI	1. GIVE STREET ADDRESS)	oital	Homemaker	HOT	
	AL RESIDENCE (IF MURSING HOME OR STATE	OTHER INSTITUTION, GIVE RES				110	
			nsington	YES THE NO	13e. STREET ADDRESS	ington Blvd.	20895
100	ATHER'S NAME	beomery   Ke	HET HE COIL	IS. MOTHER'S MAIDEN NAM		LING COLL DIAG.	2009)
		MIDDLE	LAST	FIRST	MIDDLE		LAST
60 \	Daniel -		CIAL SECURITY NO.	Wilhelmin	ADDRE	Mahle SS	
	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)			53.00 T.I.	Arling	
-	No No	one 57	7-01-1653	Joseph W. Cra	ne 5100 Lit		Rd. 2220'  OXIMATE INTERVAL  IN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	(b)	CONSEQUENCE OF	Cerebralive	iscular Ac	cident 1	weeh
NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	110
CERTIFICATION	1% DATE OF OPERATION	19L CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	70n AUTOPSY? YES ☐ NO 🕱	706. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	THE ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CAUSE OF DEA	75.77		21s. HOW INJURY OCCURR	ED (ENTREAMED OF MAKE	EV PHILEM IN VANCE OR PARTS	
MEDICAL	214 INJURY OCCURRED  WHILE D HOT WHILE D	THE PLACE OF BYSIC (AT HOME STREET, FACT	JRY ORY, OFFICE FARM, ETC1	7H. LOCATION	CHVONTO	inte COUNTY	WAN
	22s.I certify that (I) (this hisspid saw the deceased alive on abase (I) jiwe (did) (did not 27b.8/GNATURE	May 4.	A 84 0	nd that in (my) (out) opinion of DEGREE  ATTENDING	to MAY  feath accurred on the do  MEDICAL STAF  DIRECTOR   PHYSIC	THE DA	that (II (we) last the couses stated
	THE BRYSICIANS NAME 1119 OF	1 C. gol	dStein	12% ADDRESS 470 / R	andolp h	Rd, Ro	chrill

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prio etoined by the IMPORTANT: 0 BP.

FUNERAL DIRECTOR:

(VRA 15, 4)

DHMH - 16 50M 4/B2

230 BURIAL, CREMATION, REMOVAL 73b DATE Cremation

24 FUNERAL DIRECTOR

FOR

- STATE REGISTRAR 1. DECEASED NAME [TYPE OR PRINT]

3. SEX

poge 3

the attending physicians remove carbon poper. For

After this certificate hos been signed by the attending p e as the burial-transit permit. Then please remove carbon olth and Mental Hygiene prior to burial, cremation, or rem

physicion

other

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or Hem 18

morked

If Hem 21 is

73c NAME OF CEMETERY OR CREMATORY

ZIE LOCATION CITY OF DWN

Chambers Crematory

Riverdale, P.G.

Co. . Maryland

Silver Spring, Maryland Chambers Funeral Home

Final and a Congress of the second second second second second the state of the state of the state of and a similar to the second bankers famo riskens silver Sprans Streeme

# filled in by the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the more prior to the traumatic event e

DHMH-16 25M (VRA 15, 4) 1/79

### STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPAR	RIMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 REGINO.	4052					
1	I. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR					
1	(TYPE OR PRINT)		CUTLER	MAY 18.	1984 12:35Pm					
ł	3. SEX	14 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
1	Male	White	MONTH DAY YEAR	7/	MONTHS DAYS HOURS MIN					
1	To. BIRTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY	April 5, 1908	76 YRS.	Y OF DEATH					
1	COUNTRY		MARRIED   NEVER MARRIED	MONTCONEDY CON	INITY					
	TO CITY OR TOWN OF DEATH	LI NAME OF HOSPITAL NURS	SING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	12h, KIND OF BUSINESS OR					
1	SILVER SPRING	14508 HOMECRE	eet address) ST DRIVE #423	(TYPE OF WORK FOR MOST OF WORKING LIE  Merchant						
	USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) DWN \$13d, INSIDE CITY LIMITS	? 13e. STREET ADDRESS	20901					
4		romery dilver S	YES YES NO	14508 Homecrest	Drivo #123					
)	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST					
	Abraham	Cutlon	Chaua	Caka	LAST					
7	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		7600 Codale Ho	what land					
	(YES, NO OR UNKNOWN) (IF YES, G	1578-42-	2334 Sandra C. C	Oken Potomac Marul						
	APPROXIMATE AND PART I. DEATH WAS CAUSED BY  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.  (c)  CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c)  DUE TO, OR AS A CONSEQUENCE OF QUERLY CLIST CONSEQUENCE OF COURSE (a), stating the underlying couse last.  (c)									
1	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING		O DEATH BUT NOT RELATED TO THE T	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?					
1	OR CONTRACTOR CAUSE OF O	EATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, F						
	OR COMINIDATION ACOS OF UP THE TOTAL PROPERTY OF THE TOTAL PROPERT	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	saw the deceased alive a	pital) attended the deceased from		ion death occurred on the date and hau	19, that (1) (we) last or and from the couses stated					
	22b. SIGNATURE	00 // (		G MEDICAL STAFF	S/18/84					
		RAMER, M. D.	STI	313 GEORGIA AVENUE VER SPRING, MARVIA	IND					
	230. BURIAL, CREMATION, REMOVA BURIAL		NAME OF CEMETERY OF CREMATOR	TERY ADELPHI, PRII	COUNTY MARYLAND NCE GEORGE'S					
	24 POURA LOS MP. STEIN 232 CARROLL STI	N HEBREW MEMORIA REET N. W. WAS	IL I WINLAND HOME	DATE REC'D. BY REGISTRAR 256, REGIST	TRAR'S SIGNATURE					

ASSETS AND THE PARTY OF THE PAR

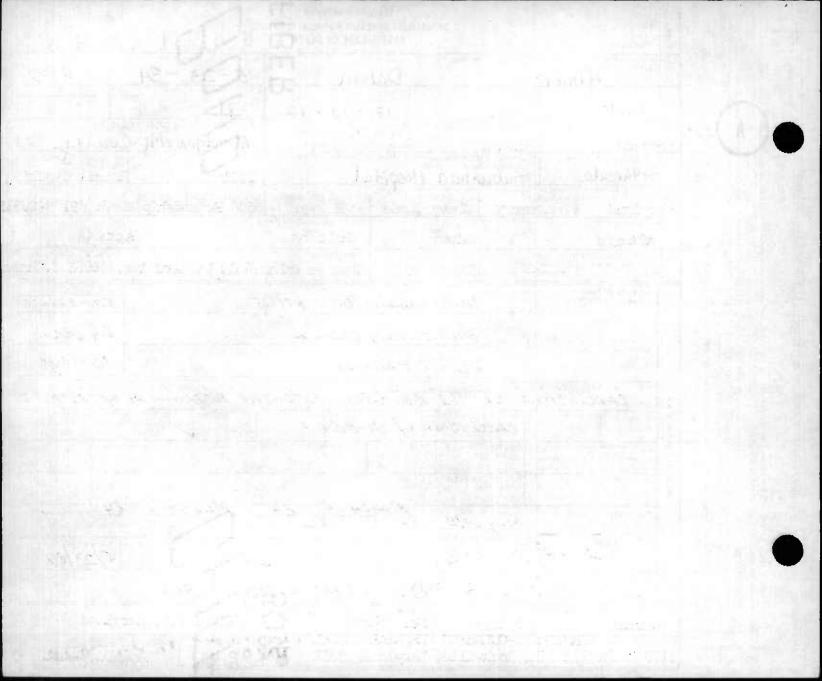
STATE	OF N	APVI	AND
SIMIE	OF IT	INNI	ANU

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	IENE REG. NO	0. 4	0 5	3
	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 21	h HOUR
		oner			Dal	han	5-23	-84		420 pm
3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF L		FUNDER 24 HRS
	Male		Cauc.		12	-13-12	71	YRS.		
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
3.5	rocco		U.S.A.		WIDOWE		Montgon	very (	ounte	MD.
10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		126. KIND OF B	GINESS OR
1	Bethesda		Subu	Chan Ho	Spit	al	Tailor			Clothing
13a S Ma	ryland	136 COUN		Chevy Ch	4	YES 📉 NO 🗌	5500 Friend	dship B	lvd.,#9	)19N(2081:
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	Α.	LASI	
	Albert			Dahan		Sultana			ttias	2005
16a V	VAS DECEASED EVER VES NO OR UNKNOWN)		MED FORCES?  E WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	ADDRE			20805
1	10			578-82-00	)TO	Charles Dahar	1;4515 WIII	ard Ave		
	PART I. DEATH V	VAS CAUSE	ly one couse per D BY: TE CAUSE (a)	line for (a), (b), and		atory Arres	rt.			EDIATE
	Conditions, if only, winch			FULMON	ARY	edema			244 10 d	es.
W	gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF, (c) RENAL FAIL					URE			10 d	'ays
z	PART 2. OTHER SIG		7	177	lada	NOT RELATED TO THE TERM	INAL DISEASE OR CON			TAJES
CERTIFICATION	19a. DATE OF OPERA		19b. COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, W	ERE FINDING	S USED
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	( OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE (AT HOME, STI	REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a   certify that (1)	ed alive on	MAY	23 2 19 8	4_,01	nd that in (my) (our) opinion (	to MAY 2 death accurred on the de	3, 19_ ate and hour or		ot (I) (we) lost uses stoted
	22b. SIGNATURE	with	le "	hs.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		120. DATE SIG	184
	22d. PHYSICIAN'S N	AME (TYPE O	TO Li L	A MD		5480 WIS	Consin A	nl		
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

Adelphi; P.G.; Maryland

Burial 5/25/84 Mt. Lebanon A. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1254-BATE REC 1170 Rockville Pike; Rockville, Waryland 20852



within 24

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE.

4 1	4	D	53	6
REG. NO.		0		. 9

	1 -	STATE REGISTRAR	Į.	CERTIF	ICATE OF DEATH	REG. N	. 140	5 4
		OR PRINT)	MIDDLE .	D	iRN. O. SR	20. DATE OF DEATH	13-61-5 13-84	26. HOUR 10 40 AM
-1	3. SE)	(	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	
	-	MALE	CAUCASIAN	DEC	13,1904	79	YRS.	
Я	To. BII	RTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
		WASHINGTON, D.C.	U.S.A.	WIDOWE	D DIVORCED	Montgon	nery	MD.
А	K.CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY
2	O.	AL RESIDENCE (IF NURSING HOME OF	HOTU US	ICE BEFORE ADMISSION)	2001441	ENGINEE	$R \qquad D.$	C. GOVT.
6	Ha. S	STATE ISIN COUN	VTY 13c. CITY (	SVILLE	13d. INSIDE CITY LIMITS?  YES XX NO   15. MOTHER'S MAIDEN NAM	13e.STREET ADDRESS		20705
А	1	FIRST		LAST	FIRST	MIDDLE		LAST
y	_	VALTON P. VAS DECEASED EVER IN U.S. AR	DARWI	N AL SECURITY NO.	MARY 17 INFORMANT	ADDRE		REWS
4	- ()		/E WAR OR DATES)	-46-5708	ANNA B. DA		ME AS 13	WIFF
	Į.	18. CAUSE OF DEATH (Enter or	aly one couse per line for to		1		APP	ROXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	CARMORE	SPIRATORY ARR	EST		
		2500	DUE TO, OR AS A CO	NSEQUENCE OF	1.1	N		
		Conditions, if ony, which	(b)	ARTERIO,	CLEROTIC CHART	DISERSE	7	EHICS
		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF	es Mercetus			YEHIXS
9	NOI	PART 2 OTHER SIGNIFICANT		NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	Ira
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	DINGS USED SES OF DEATH? NO
1	100	71a. ACCIDENT WAS UNDERLYING CAUSE OF DE		THE DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	71 e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		22a.t certify that (1) (this hospi			4 30 19 34	, to5_	12 19 34	_, that (I) (we) lost
		sow the deceased alive on above, (1) (wentdid) (did in			nd that in (my) (our) opinion o	deoth occurred on the de	ote and hour and from	the causes stoted
		226. SIGNATURE	7(\)	72	DEGREE	∠MEDICAL STA		TE SIGNED
		Vandah	puesto	MD	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		12/84
		ARNOLD C		n.b.	27e ADDRESS 1100	and the second	, MD. 20910	,
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	L '	BURTAL	5/15/84	GEORGE	WASHINGTON	ADELPHI	PRI.G	-
		INERAL DIRECTOR FRANC	IS J. COLLIN	Soress	25e. DATI	E REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	VATURE
	!	500 UNIV. BLVD.,	W., SILVER SP	RING, MD.	20901 MF	Y 1 7 1984	Mia Davidson	-Mariana

DHMH - 16 50M 4/83 (VRA 15, 4)

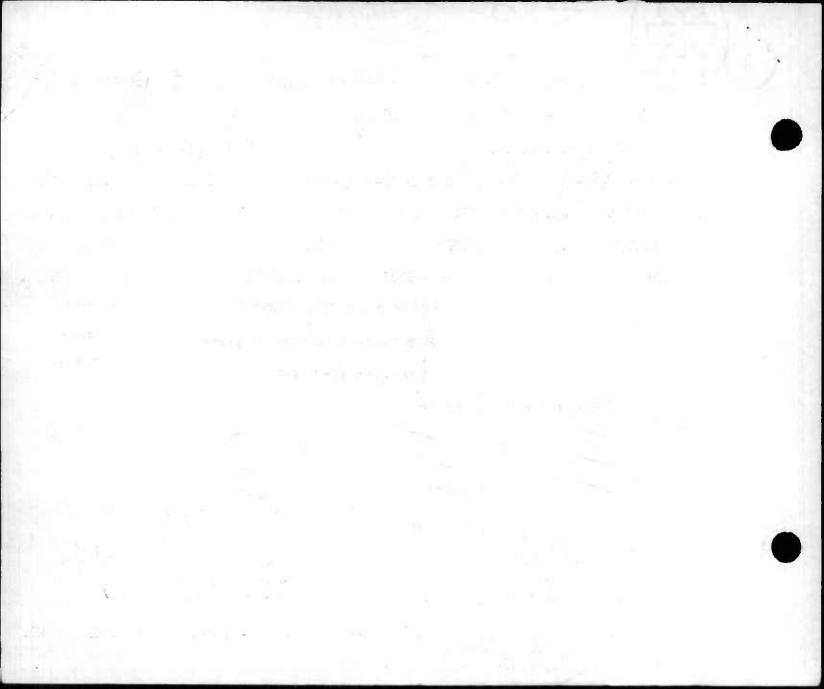
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-tronsil permit. Then please remove carbon papers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked of Item 18 shows ony injury, or other troumotic event, the

PHYSICIAN: The low

OR ATTENDING

TO HOSPITAL

etoined by the hospital or



executed within 24 hours

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1	FOR - STATE REGISTRAR			NT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 64 REG. N	1 4	0 5	5	
	CEASED NAME FIRST E OR PRIM **  MATTAS	M	DAVI	1501	D'AVIDSON	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
3. SE	ALE	RACE WHITE	DOMESTIC CO.	MONTH	DAY YEAR	6. AGE (IN YEARS LAST B	AAC	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
7a. B	IRTHPLACE (STATE OR FOREIGN ) COUNTRY) irginia	b. CITIZEN OF W	VHAT COUNTRY? 8.	VIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH  MONTGOMERY				
/	ROCKVILLE	Shady	FACILITY, GIVE STREET ADD	U an	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WATCHMAN				
13a.	AL RESIDENCE (15 NURSING HOME OR C STATE 136 COUN D. 20878 Mont	Υ	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Gaithers		YES 🖈 NO		/ ZIP CODE	20	7878	
	Samuel		vidson		15. MOTHER'S MAIDEN NAM Sally	C.	Campb	ell LAS	1	
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE 10	WAR OR DATES)	166. SOCIAL SECURIT <b>228–01–02</b> 8		Lola Adell Da	avidson S	ame as	# 13		
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR  DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR	ASIA CONSEQUENC	CE OF	try over	pulman	dist	BETWEEN	MATE INTERVAL ONSET AND DEATH	
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT C	196 CONDITION FOR WHICH OPERATION				200 AUTOPSY?  YES NO	20b. IF YES,	WERE FINDIN	NGS USED	
CAL CERT	2]a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			YEAR	21c. HOW INJURY OCCURR					
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O	OF INJURY ET, FACTORY, OFFICE, FARM	A, ETC )	21f LOCATION STREET	CHYORT	NWC	COUNTY	STATE	
	22a.1 certify that (I) (this hospit- saw the deceased alive an	al) attended the	deceased from	7 , 01	nd that in (my) (our) opinion o	death occurred on the c	late and hour	_	that (I) (we) last couses stated	

22b. SIGNATURE

DEGREE ATTENDING 22e. ADDRESS

MEDICAL

STAFF PHYSICIAN \_ 22t. DATE SIGNED

226. PHYSICIAN

23m. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE MAY 10,1984

Elizabeth Cemetery Sal 231. NAME OF CEMETERY OR CREMATORY

236. LOCATION

COUNTY STATE

BP.

HOSPITAL

0

etained by the haspital ar attending physician ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages Land 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or remaval.

injury, or other troumatic event, the

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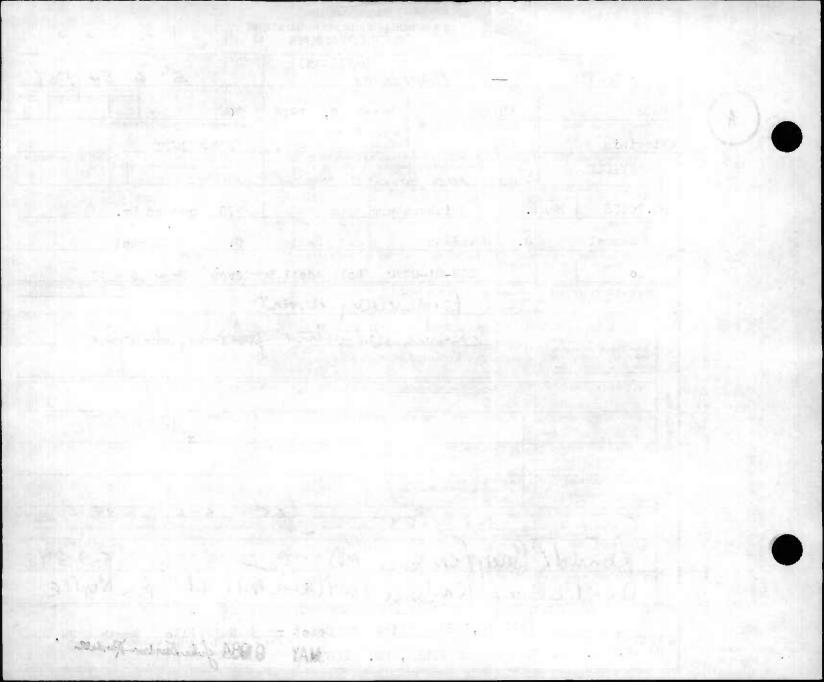
IMPORTANT: If Item 21 is morked or Item 18 shows

BURTAL FUNERAL DIRECTOR FRANGIS H. BARBER

LAYTONSVILLE, MD.

Saltville Smyth

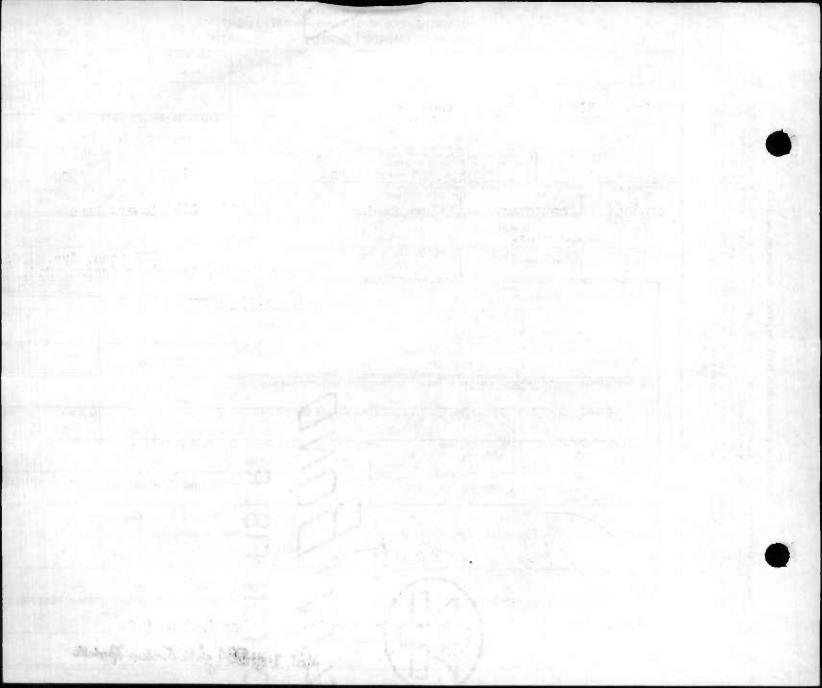
By REGETRAR Mr REGISTRAN SIG



DHMH - 17

(VR A15 ME (5)) 20M 4/B2

1	1.	FOR STATE			EPARTMENT O	F HEALT		ENTALH				in hope	6	
-		REGISTRAR			ICAL EXAMI	NER'S	CERTIFIC	CATEO			G. NO.	-2	0	
		CEASED NAM	E FIRST	WIDDLE					2a.	DATE KNOW OF ESTI-			YEAR	26 HOUR
- [				NIMALN		DAVIS			DEATH MATE	D 15-1	-84		M	
- 1	), SEX		4. RACE 5. D	ATE OF BIRTH	6 AGE (IN		DER I YR.	IF UNDER		DATE ONOUNCED	MONTH 5-1	-84	YEAR	9:58P
a.	-	ale	Black	Nov 25.	1925 58		JA13	HOOKS		DEAD		1		). ) O.
2		RTHPLACE (S	TATE OR 7b.	CITIZEN OF WHA	AT COUNTRY?	8 MARE	IED NE	VER MARRI	IED 🗆 9.	BALTIMORE C	ITY OR COUN	NTY OF DE	ATH	
1		larylan	d	U.	S.A.	WIDON	VED	DIVORCE	ED XX	Montgon	nery Co	unty		MD.
1	n. Cr	TY OR TOWN			ITAL, NURSING HO		HER INSTITU	TION		LOCCUPATION			OF BUS	
4	SI	Iver St					ne			nemploy			None	
1	SUA 3a Si	L RESIDENCE	Oring (IF IN NURSING HOME OR OTH	IER INSTITUTION, GIVE	RESIDENCE BEFORE ADMI	SSION)	113d. INSIDE C	ITV   IMITCO	13e. STREET			2/9	40	(1)
Z		ryland		nary		pring	YES -	NO 💢		00 B1k	C+oward 12	Lan		7
1		THER'S NAME		DLE	LAST	<del>n my</del>	15. MOTH	ER'S MAIDE	NNAME	WIDDLE	O LEWO!	LA:		
1		01	unward Davi		LASI				Elsie				31	
/	16a. W		D EVER IN U.S. ARMED	FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFOR	MANT	LISIE	ADD	4707 Cc	nn /	Ava	N IJ
	,		( TES, ONE WANT				Fra	nces	Vaughi	n(Siste	r)Washi	nator	i. D	. C.
	7	gave ri couse (o lying cou	ns, if any, which se to immediate stating the under-	(b) DUE TO, OR A	OKE and SO	E OF				ermat	I r dullid			
/	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITIO	ON FOR WHICH OP	OR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?		
-	RTB	210 EXTERNA	AL CAUSE WAS	216. TIME OF I	NILIBY	1 21c H	OW/INITURY	OCCUBBE	D - ENTERNAT	URE OF INJURY IN IT	E44 10 04 07 1 00 0		s XIX	NO []
3	MEDICAL CI	UNDERLYING CONTRIBUTI	S X &R NG CAUSE OF DEAT	H 9:30P1	MOSTH 1-84, YE	AR Ca	aught		usefi		EM 16 PART I OR P	AR1 2)		
2	MED	2)d INJURY ( WHILE AT WORK	NOT WHILE X	STITOME	FINJURY (AT HOME, RY, FARM, ETC.)	21f. LC	200 bl	k. Ste	ewart	Lane S	ilver 8	pring	g, Ma	arsy. lan
5			fy ther taok charge of ed from: Notycolco	wes .	Aciden X	Sylvide L	Deput	y Chi	Undetern	Inquiry ,	ond in my o	5-2-84	4	
		TYPE OR PRI		s D. Smi	th, M.D.		ADDRESS_							
	(5	PECIFY)_		9-84	Lee's	Cremat	torium			ATION TOWN 1 ington GISTRAR 1256.	D.C.	UNTY	STA	TĒ
		NAME	R. Snowden	Rocl	N. Washir kville, Mo	ngton d. 208	St. 350 M	AY_113	11984	dedia to	viden A	andalla	, ,	



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY INCESSAR PHASE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY INCESSAR PHASE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE FOR YOUR FILES TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRAMIT. PAGES I AND 2 SHOULD BE FILED WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION ONLY IN RECORDS. 2011 PRISTON STREET.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY EXECUTE THE CERTIFICATE WRITING THE WORD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE HIED AFTER DEATH, WITH THE STATE DEPARTMANTO A HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS. 2011 BE HIED ABATTMAND. 21201 PRIOR TO BURIAL. CREMATION, OR PRIMOVAL.
0 / 2 / 2 2 3

	FOR	DEPAR	STATE OF M	AND MENTAL HYGI	ENE		73 <b>9</b> J
1-	STATE REGISTRAR			ERTIFICATE OF D	rie Tu	EG. NO.	5/
I. DEC	CEASED NAME FIRST	MIDDLE		Do who se	26. DATE KNO OF EST DEATH MAT	WN MONTH	DAY YEAR 2b. HO
1. SEX	1. RACE	S. DATE OF BIRTH MONTH NAY YEAR 1929	AGE (IN YEARS IF UN LAST BETTHEAT) MONTH	DER 1 YP. IF UNDER 24 H	RS. 2c. DATE	MONTH ?	DAY YEAR 24 H
10	RTHPLACE (STATE OF MEION COUNTRY)	CITIZEN OF WHAT COU	NTRY?	ED NEVER MARRIED [	9 BALTIMORE	CITY OR POUNT	Y'OF DEATH
	Sy 1. Sp a	11. NAME OF HOSPITAL, NI	URSING HOME, OR OTH	ER INSTITUTION 12a	USUAL OCCUPATION FOR MOST OF WORKING L		12b. KIND OF BUSINES OR INDUSTRY
USUA 13a. S1		OR OTHER INSTITUTION, GIVE RESIDENCE NTY 131. CT	Y OR TOWN		SPREET ADDRESS	12/29	2098t
	ATHER'S NAME Paul	MIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST  Margaret	AME		Musivich
160. V	MAS DECEASED EVER IN U.S. AR. ES, NO, OR UNKNOWN]	MED FORCES? 166 SC	0-24-6804	James E. Dau	AC	DORESSRichm	ond, Va. 232 rdon Schoo
	PART I DEATH WAS CAUSE	(TE CAUSE (o) DUE TO, OR AS A CO	Cube  NSEQUENCE OF	Myrc	الخالحي	Dis	APPROXIMATE INTERV BETWEEN ONSET AND D
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)		or condition given in Part 1 to	Met:	r ter	20
IFICAT	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION W.	AS PERFORMED?			20 AUTOPSY?
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DEATH P.M.		DW INJURY OCCURRED (EN	HTER NATURE OF INJURY IN	I ITEM 18 PART I OR PAR	
MEDI	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM,		CATION	CITY OR TOWN	COU	INTY ST.
		ge of the remains described ob irol couses Accident		, Homicide Ur	Inquiry I	ond in my opi	10-515
1			-	10	UCDIT AL EVAMILIER	2,000,402	0///
	EXAMBLE SNAME JOHN	S. Rogers, W	D	ADDRESS 1919 SQ	minaru Ro	ad Silves	r Spring M
{5	EXAMBLE NAME JOHN  TYPE OF PRINT)  SPECIFY  SPECIFY	236. DATE 236. May 8.1984 Go	NAME OF CEMETERY OF	R CREMATORY 236	LOCATION CITY OR TOWN	COUN	omeru Md

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1916 Souther they Street Street

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2011/21111

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Joint S. Fogers, M.T.

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Transfer J. Collins

300 lateresta alyal, a. Silver Lating, th.

ond completely filled in by the funeral director oges-Lond 2 should be filed within 72 hours of

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked at hear 18 tha

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

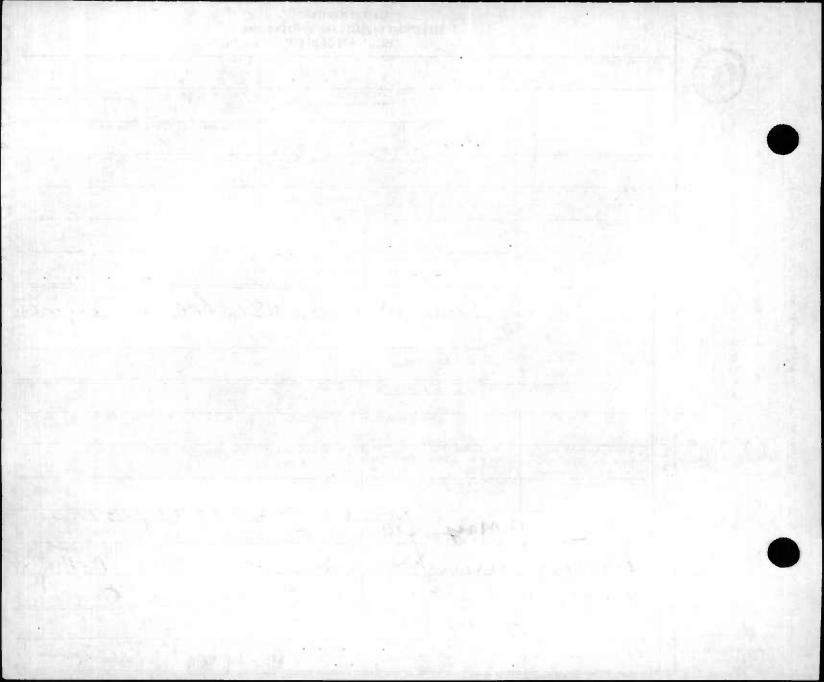
executed within 24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND ME CERTIFICATE OF DE	2.4	1 4 0 5	8
	CEASED NAME FIRST FRED	DERICK M.	DELL, J.	R. MAY 17	,1984	8:05 PM
3. SE	MALE	4. RACE WHITE	OCTOBER 21,1	6 AGE (IN YEARS LAST	BIRTHDAY)  IF UNDER 1 YE  MONTHS DAT	
N	IRTHPLACE (STATE OR FOREIGN YORK	U.S.A.	MARRIED LINEVER MA	RCED MONTG	Y <u>OR</u> COUNTY OF DEATH OMERY	MD.
SI	ILVER SPRING	1110 FIDLE	IR LANE	120 USUAL OCCUP (TYPE OF WORK FOR MO) PHOTOGRAP		EMPLOYED
13a. S MAF	RYLAND MONT	OR OTHER INSTITUTION, GIVE RESIDENCE BE JUNTY GOMERY SILVER	SPRING 13d INSIDE CITY	∘ X   1110 FIDL	ER LANE 20	910
14. FA	FREDERICK	M. DELL	SR. REGI	TA MIDDLE	DUGGA	
160. V	NAS DECEASED EVER IN U.S. A XES NO OR UNKNOWN) (IF YES GI KOR			(WIFE) ADI DELL,1110 FIDLE	R LA., SIL. SP	
Z	Conditions, if dny, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF T	DUENCE OF	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART	gas
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORM	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
MEDICAL CERT	sow the deceased alive a	P.M.  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFI  pitol), attended the deceosed fro	DAY YEAR 19 211 LOCATION STREET  O DEGREE ATI		TOWN COUNTY  19 5 4  e date and hour and from t	STATE , that em (we) lost
23a. B	220 PHYSICIAN'S NAME (TYPE) HORAE  BURIAL CREMATION, REMOVA CREMATION	W. BERNTO	220 ADDRESS 474  RENAME OF CEMETERY OR CRI	3 BRADLEY &	3LUD. Cher	vy Chuse Mil VATE
24. FU	UNERAL DIRECTOR RICHARD RAPP,	11,20	METROPOLITAN CI CONN. AVE.,N.W NGTON, D.C.2003	25a. DATE REC'D. BY REGISTR		LATURE

DHMH - 16 50M 1/76 (VR A 15 (4))



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.

BP. DHMH-16 50M 1 (VRA 15, 4)

		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEA	-	OAY YEAR	2b. HOUR
	11111	Jam	es	N		De Moss	200	5	13 84	9:00
	3. SE		4. RACE			OF BIRTH	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
11		MALE	CAUCA	SIAN	SEP	T 21,1929	54	YRS	MONTHS DAYS	HOURS
(h	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE C	ITY OR COUN	TY OF DEATH	
a d		WEST VIRGINIA	U.S.A		WIDOW	ED DIVORCED	MONTGO	MERY		
11/1	10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCC			OF BUSINES
W.		SILVER SPRING		9 CLIFTO			TEACHER		MONT	. COUNT
松人	13a	STATE 13b COU		13c. CITY OR T	FORE ADMISSION	134 INSIDE CITY LIMITS?	13e. STREET ADDI	RESS		
11			GOMERY	SILVER	SPRING		1009		BROOK LA	NE 20
Kn	14. FA	ATHER'S NAME FIRST	MIODLE	LAST		15. MOTHER'S MAIDEN N.		DDLE	IA	ST
$\mathcal{L}$		AMOS	_L	DeMOS		FLÖRENC	E	В.	JONE	S
medica		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES IVE WAR OR DATES)			17 INDOMANTS		ADDRESS		4
a a		NO		236-4	42-8166	DOLORES J.	DeMOSS	SAME	AS 13	WI
£ /		18 CAUSE OF DEATH Enter of	nly ane cause p	er line for (a), (b)	, and (c)				BETWEEN	ONSET AND D
e e		PART I. DEATH WAS CAUSE	ED BY: .TE CAUSE (o)_	Pance	estre	Cancel			5	420
troumo		Canditians, if any, which gave rise to immediate	DUE TO,	OR AS A CONSE	OUENCE OF		-113			
or other trauma		gave rise to immediate cause (a), stating the underlying cause last.	(b)_ DUE TO,	or as a conse	OUENCE OF					
injury, ar other trauma	NOI	gave rise to immediate cause (a), stating the	(b)_ DUE TO,	or as a conse	OUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION C	GIVEN IN PART 1	o
ows any injury, ar other trauma	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,  (c)_  CONDITIONS	OR AS A CONSE	TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR  20a AUTOPSY  YES NO	20b. IF Y	GIVEN IN PART 1.  VES, WERE FINDI TIFYING CAUSE: YES	NGS USED
18 shows any injury, ar other trauma	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT Lives parts of 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO.  (c)  CONDITIONS  19b CON  21b. TIME	OR AS A CONSE	TO DEATH BUT		20a AUTOPSY	20b. IF Y	'ES, WERE FIND! TIFYING CAUSE: YES []	NGS USED S OF DEATH
tem 18 shaws any injury, ar other trauma		gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Lives Index 199 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO,  CONDITIONS  19b CON  11b TIME HOUR	OR AS A CONSE  CONTRIBUTING  A S HD,  IDITION FOR WH  OF INJURY  A.M. MONTH	TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY	20b. IF Y	'ES, WERE FIND! TIFYING CAUSE: YES []	NGS USED S OF DEATH
or Item 18 shaws any injury, ar other trauma		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT Lives parts of 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO.  CONDITIONS  19b CON  21b. TIME HOUR  21e PLACE	OR AS A CONSE  CONTRIBUTING  A 5 HD,  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.  E OF INJURY	TO DEATH BUT	216 HOW INJURY OCCUI	ZOG AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER	YES, WERE FINDI TIFYING CAUSE YES B PART I OR PART 2)	NGS USED 5 OF DEATH NO
rked or Item 18 shows any injury, ar other trauma	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  LOVE STATES TO SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO.  CONDITIONS  19b CON  21b. TIME HOUR  21e PLACE	OR AS A CONSE  CONTRIBUTING  A S HD,  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.	TO DEATH BUT	N WAS PERFORMED	ZOG AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y	'ES, WERE FIND! TIFYING CAUSE: YES []	NGS USED 5 OF DEATH NO
s marked or Item 18 shaws any injury, ar other trauma		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT LAW LOST SIGNIFICANT LAW LOST SIGNIFICANT LOST	CONDITIONS  19b CON  21b TIME HOUR R)  21e PLAC (AT HOME	OR AS A CONSE  CONTRIBUTING  A 5 HO  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY, OFF	TO DEATH BUT  TO DEATH BUT  THE OPERATION  DAY YEAR  19	216 HOW INJURY OCCUI	ZOG AUTOPSY YES NO RRED (ENTER NATURE C	20b. IF Y IN CER	YES, WERE FINDI TIFYING CAUSE YES B PART I OR PART 2)	NGS USED S OF DEATH NO
21 is morked or Item 18 shaws any injury, ar other trauma		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Lives with 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE  AT WORK NOT WHILE ALL WORK  22a.   certify that (1) (this hosp sow the deceosed olive or	DUE TO,  CONDITIONS  19b CON  21b. TIME HOUR R)  21e. PLAC (AT HOME	OR AS A CONSE  CONTRIBUTING  A S H D  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY OFF	TO DEATH BUT  TO DEATH BUT  THE OPERATION  DAY YEAR  19  THE OPERATION  THE OPERA	216 HOW INJURY OCCUI	ZOO AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER OF INJURY IN ITEM 1	VES, WERE FINDI TIFYING CAUSE: YES B PART 1 OR PART 7)	NGS USED 5 OF DEATH NO
tem 21 is morked or Item 18 shaws any injury, or other traumo		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Lives with 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE  AT WORK NOT WHILE ALL WORK  22a.   certify that (1) (this hosp sow the deceosed olive or	CONDITIONS  IPD CON  IPD CON	OR AS A CONSE  CONTRIBUTING  A S H D  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY OFF	DAY YEAR  19  10 DEATH BUT  10	216 HOW INJURY OCCUI	ZOO AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER OF INJURY IN ITEM 1	VES, WERE FINDI TIFYING CAUSE: YES B PART 1 OR PART 7)	NGS USED S OF DEATH NO
F. If Hem 21 is morked or Hem 18 shows any injury, ar other trauma		gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  LOVE LAST STATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK OR Sow the deceosed olive on above, (1) Contact of the cause of th	DUE TO,  CONDITIONS  19b CON  21b. TIME HOUR R)  21e. PLAC (AT HOME	OR AS A CONSE  CONTRIBUTING  A S H D  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY OFF	DAY YEAR  19  10 DEATH BUT  10	216 HOW INJURY OCCUI 216. LOCATION STREET  19  nd that in (my) opinion DEGREE	20a AUTOPSY YES NO RRED (ENTER NATURE C	20b. IF Y IN CER SEINJURY IN ITEM 1	ZES, WERE FINDITIFYING CAUSE: YES  B PART I OR PART 2)  COUNTY  19  22c DATE	NGS USED S OF DEATH NO   sta  that (1) 4max causes state SIGNED
ANT: If Item 21 is morked or Item 18 shows any injury, ar other traumo		gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  LOVE LAST STATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK OR Sow the deceosed olive on above, (1) Contact of the cause of th	DUE TO,  CONDITIONS  19b CON  21b. TIME HOUR R)  21e. PLAC (AT HOME	OR AS A CONSE  CONTRIBUTING  A S H D  IDITION FOR WH  OF INJURY  A.M. MONTH  P.M.  E OF INJURY  STREET, FACTORY OFF	DAY YEAR  19  10 DEATH BUT  10	216 HOW INJURY OCCUI  216 LOCATION STREET  19  nd that in (my) (and opinion DEGREE  M.D. ATTENDING PHYSICIAN 22e ADDRESS	Z0a AUTOPSY YES NO RRED (ENTER NATURE C  CITY  3 , to deoth occurred an	20b. IF Y IN CER YORTOWN  The date and h  STAFF HYSICIAN	COUNTY  19  22c DATE  5.3	NGS USED S OF DEATH NO   that (1) (was causes state SIGNED
PORTANT: If Hem 21 is morked or Item 18 shows any injury, ar other traumo		gove rise to immediate cause (a), stating the underlying cause lost, and the underlying cause lost.  PART 2. OTHER SIGNIFICANT  Lives with the significant of the underlying cause of De (if ETHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED)  WHILE NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED while NOTWHILE AL WORK 21 WORK 21 WORK 220. I certify that (I) (this hosp sow the deceosed alive or above, (I) (was the did in cause of the underly individual	DUE TO,  CONDITIONS  19b CON  21b. TIME HOUR R)  21e. PLAC (AT HOME	OR AS A CONSE  CONTRIBUTING A S H D  IDITION FOR WH  OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY OFF  the deceased from dy after death.	DAY YEAR  19  10 DEATH BUT  10	216 HOW INJURY OCCUI 216. LOCATION STREET  19 and that in (my) opinion DEGREE  ATTENDING PHYSICIAN	Z0a AUTOPSY YES NO RRED (ENTER NATURE C  CITY  3 , to deoth occurred an	20b. IF Y IN CER YORTOWN  The date and h  STAFF HYSICIAN	COUNTY  19  22c DATE  5.3	NGS USED OF DEATH NO The state of the course state of the
IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumo	WEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  LIVE IN TO SIGNIFICANT  199 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AL WORK NOT WHILE AL WORK NOT WHILE AL WORK IN OF WHILE AL WORK IN ORD SOW the deceosed olive or above. (1) (was 14 in 16 in (did not 22b) SOMALURE  22d. PHYSICIAN'S NAME (TYPE C.	CONDITIONS  CONDITIONS  19b CON  19b CON  21b TIME HOUR R)  21e PLAC (AT HOME	OR AS A CONSE  CONTRIBUTING A S H D, IDITION FOR WH  OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY OFF The deceased from Sylvation 1  Do	DAY YEAR  19  10. CE. FARM. ETC.)	216 HOW INJURY OCCUI  216 LOCATION STREET  19  nd that in (my) (and opinion DEGREE  M.D. ATTENDING PHYSICIAN 22e ADDRESS	Z0a AUTOPSY YES NO RRED (ENTER NATURE C  CITY  3 , to deoth occurred an	20b. IF Y IN CER 2 ORTOWN  ORTOWN  STAFF HYSICIAN   ing Rd.	COUNTY  19  22c DATE  5.3	NGS USED OF DEATH NO The state of the course state of the

Jacob V S S 13 14 918 A DE ON DESIGNATION OF THE PARTY NAMED OF THE PARTY N

deoth. Page 4

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	0 0	9
	CEASED NAME FIRST	eta	MIDDLE	De	Chh Y	20. DATE OF DEATH	-2/-	84	26. HOUR 5-
3. SE		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
1	Female	Caucas	ian	Octo	ber 26, 1905	78	YRS.	THIS DATE	NOOKS BAIL
	IRTHPLACE   STATE OF FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
	st Virginia		States	WIDOW	ED DIVORCED	Montgomery			MD.
Be	thesda	Suburb	an Hospit	address)	OR OTHER INSTITUTION	17e USUAL OCCUPATION OF WORK FOR MOST CONTROL HOMEMAKET		Own Own	Home
13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	or other institution JNTY  gomery	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Silver S	'N	13d INSIDE CITY LIMITS?	3563 Leisu	zip code ire Wor	20906 ld Blv	
A.F.	ATHER'S NAME FIRST Samue1	WIDDIE	Hanna		15. MOTHER'S MAIDEN NAM	MIDDLE			ller
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT (Son	•			vcroft La
		/A	579-48-4	4560	James E. Den	ny Gaithe	ersburg	, MD 2	20879
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)		ENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		VERE FINDI	NGS USED
E						YES NOXX	YES [	CAUSES	NO []
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN AT WORK  22a. I certify that (1) (this has saw the deceased alive o above, (1) (we) (did) (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYP)  Max H. C.	21e. PLACE (AT HOME, ST  pitol) attended the May and view the bady  E OR PRINT)	.M. MONTH D. ,M.  OF INJURY REET, FACTORY, OFFICE, F  de deceased from	Jan	211 LOCATION SIREET  31 19  19  nd that in (my) (our) opinion of DEGREE	May 21.  to May 21.  death occurred on the d  MEDICAL STA DIRECTOR PHYSIC		equity  84  Ind from the  22c. DATE  May 2	SIGNED 21, 1984
22.	BURIAL CREMATION, REMOVA		122. 1	NAME OF C	CEMETERY OR CREMATORY	123d LOCATION	, 50		-,
230	(SPECIFY) Burial	May 2			Ridge Cemetery	CITY OR TOWN	e	OUNTY	Mary Tänd

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item

May 24, 1984 Druid Ridge Cemetery
Robert A. Pumphrey Funeral Homes 1250. DATE RE

Maryland

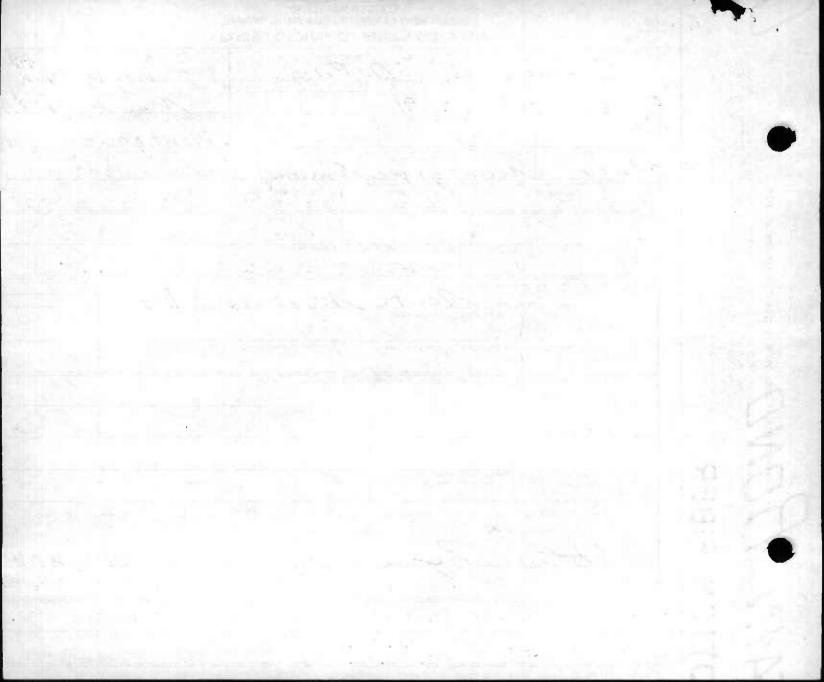
P.A., 7557 Wisconsin Avenue, Bethesda, Maryland

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

All the state of t

20M 4/82

STATE OF MARYLAND



requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital ar attending physician

#### STATE OF MARYLAND

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Car	U	O	Con

		FOR STATE REGISTRAR	DEPARTN	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H G REG. NO		la
		EASED NAME FIRST JOSE	ph Sinnott	Devered	1x May	10 - 1984	26. HOUR //35PM
	3. SEX	M	RACE W	5. DATE OF BIRTH	6. AGE (IN YEAR SLAST BIRT	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	7a BIR	Wash O.C.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	ED   Mont	RCOUNTY OF DEATH	MD.
1	10. CIT	hery Chase My	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 3905 BRE		ON 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		Building
	USUA 130. S1			Hase YES NO	3905	Bradley K	enp
1	14 FA1	THER'S NAME TIGHT	yan Dewer	reux 15. MOTHER'S MAI	nie Lenor		ott
			MED FORCES? 166 SOCIAL SECU WAR OR DATED 579-42-4	15.39A VIV911	nia Sparrou	1- East L	onsing Mi
	7	PART I. DEATH WAS CAUSED	y one cause per line far (97/b), and BY: E CAUSE (0) DUE TO, OR AS A CONSEQUE	eumonia	A CONTRACTOR	BETWEEN.	Week
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
-	NOIL	Cong		teart 1	Fallurp		
)	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES	
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR 19	OCCURRED (ENTER NATURE OF INJUI	LY IN ITEM 18, PART 1 OR PART 2)	
	MEDI	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211. LOCATION STREET	CITY OR TO		STATE
		220.1 certify that (1) (this bearit	et) attended the deceased from_	, 19	59, to Mar	10.19.84.	that (1) ( last

220.1 certify that (1) (the backs) attended the deceased from sow the deceased alive on Way 10 19. sow the deceased alive on when the bady after death 226. SIGNATURE

DEGREE 22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

22c. DAJE SIGNED

pinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT) ames

236. DATE 231. NAME OF CEMETERY OR CREMATORY

234 LOCATION COUNTY STATE
Silver Spring Montgomery Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

,1984 Gate of Heaven Cem 24. FUNERAL DIRECTOR

2222 Wisconsin Ave. NW Wash. DC DeVol Funeral Home

MAY 1

DHMH - 16 25M (VR A 15 (4) ) 9/74

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be titled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked as them 18 shows any injury, as other troumatic event, the medical

The same of the sa May-13, 1986 date of Heaven Cen. | Miles Suring Montgorous Md. Black - Liver Bas S I YAM ox Hack we swa change by South Liver W. L. Ved

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DIVISION OF VITAL RECORDS, 3	aunbeu
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O N	YSIC
VISIO	a.
ā	DING
	ATTENDING PHYSICIAN
	OR A

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE

COUNTRYY

USUAL RESIDENCE (IF NURSING

Maryland 1 FATHER'S NAME Antonio

(STATE OR FOREIGN

land

I. SEX

CERTIFICATION

MEDICAL

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

Burial

22b. SIGNATUR

(SPECHY)

24. FUNERAL DIRECTOR

NOT WHILE

224. PHYSICIAN'S NAME (TYPE OF PRINT)

Funeral

22a.1 certify that (1) (this haspital) at inded the deceased from

saw the deceased alive on above, (I) (we) (did) (did not) are the body after death

23b. DATE

Home

6-1-1984

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Waldorf, Md.

R OTHER INSTITUT Charles

N/M/N

	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	0 6 3
	eal Di	aZ	20 DATE OF DEATH MONTH DA	8 84 10:35 AM
1. RACE Cau	(	ATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
USA 11. NAME OF H	WID	RRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF MONTO ON COUNTY OF USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Never Worked	MD.
other institution.	GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Waldorf	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 4302 Sandwich	Court 20601
MIDDLE IN	Diaz	Gloria Gloria	Estel Estel	Tirado
MED FORCES? E WAR OR DATES)	16b. SOCIAL SECURITY N 213-90-500	1 (1d	ther) ADDRESS az, Same as li	ne 13
ly one cause per D BY [E CAUSE (a)	Present	onia.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OF	R AS A CONSEQUENCE (	OF .		
(c)	R AS A CONSEQUENCE O		AND DISEASE OF CONDITION OWN	IN DART I
CONDITIONS CC	MIKIBUTING TO DEATH	BUT NOT KELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	Y IN FAKI IIO

COUNTY

22c DATE SIGNED

Arlington

CITY OR TOWN

and that in (my) (aur) apinian death occurred of the date and haur and Iram the causes stated

Arlington,

MEDICAL ATTENDING DIRECTOR PHYSICIAN

23d. LOCATION

STATE

VAS DECEASED EVER IN U.S. ARMED		17 INFORMANT (F	ather) ADDRE	SS	
(IF YES, GIVE WA	AR OR DATES) 213-90-5006	Antonio D	iaz, Same a	as line	13
BARTA BEATHLINGS CALIFED BY	DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)	and.		A BET	PPROXIMATE INTERVAL
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PA	RT Ira
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I OR PA	RT 2)

211. LOCATION

6246

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

DEGREE

STREET

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

0

should be detached for use as the burial-transit permit. This with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If them 21 is marked or teen Ag shows any Impl



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIST	RAR			CEKITIF	ICATE OF L	KAIN	0 .	REG. NO	).				
1. DECEASED N	NAME FIRST		AIDDLE	L	AST		2a. DATE OF	DEATH /	HTMON	DAY Y	EAR	26 HOU	
(TYPE OR PRINT)	Feli		-31/1		iaz,	Sr.	May		1984				m <u>g</u> 0 5
1. SEX		4. RACE		5. DATE C		YEAR	6. AGE (IN YE		HDAY}	MONTHS	DAYS	HOURS	24 HRS MIN.
Ma	ale	WHI	TE	JUNE	2, 190	00	83	3	YRS.				
d. BIRTHPLAC	E (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARDIE	D Never	ARRIED 🗇	9 BALTIMOR	RE CITY OF	COUNT	OFDEA	TH		
SPAIN		SPAIN		WIDOWE	D DI	VORCED	Mont		465	Cour			MD.
olney	WN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)			DISHWA	SHER	WORKING LI	FE) INDU		BUSINE R H]	LTON
USUAL RESIDE	NCE (IF NURSING HOME OF	ROTHER INSTITUTION,		ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e. STREET 4309	DDRESS ASPE	EN HI	LL R	OAD	20	0853
14. FATHER'S N	ROILAN	MIDDLE	DIAZ		15. MOTHER'	PETRA	ME	WIDDLE			DE	NCAI	LEX
	EASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMA	INT	V = 17 h	ADDRES	SS				
NO OR	UNKNOWN) (IF YES, GI	VE WAR OR DATES)	577-64	-4217	GUA1	PALUPE	DIAZ	SAM	ME AS			WI	
	SE OF DEATH (Enter of		line far (a), (b), and	Ici.1	AL IC					BET	APPROXIV	NATE INTER	DEATH
18	189 IMMEDIA	TE CAUSE (a)	ransiti and		Carcino	me, 151	adder				<i>B</i> -	1.54	mc
gove	ons, if ony, which rise to immediate (o), stating the ying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF					100				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
o Car	Cardiouspothy, hetestatic Co		ncer	to bon	erretr	spurton	eur-	Brone	hopr	un	~·~	C-	
CERTIFICATION 210 PAGE	E OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	PSY?		S, WERE I FYING CA			H?
	IDENT WAS UNDERLYING [	AIR	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM 18	PART I OR PA	ART 2)		
9	ER NOTIFY MEDICAL EXAMINE URY OCCURRED	R) P. 21a. PLACE		19	21f. LOCATIO	ON							
WHILE AT WORK			EET, FACTORY, OFFICE, FA	RM, ETC.)	STREET			CITY OR TOV	VN	COUP	MIA	S	TATE
	rtify that (I) (this hosp	ital) attended th	e deceased from_	ma			to	m		19.64		hat (I) (	
	the deceased alive or		atter death	4	nd that in (my)	(opinion	death occurred	d an the da	te and hav	or and fra	im the c	auses sta	ted
	NATURE	1			DEGREE			1	1	22c.	DATES	IGNED	7.1
6	mild!	. Wille	-MD	m		PHYSICIAN P	MEDICAL DIRECTOR [	STAF PHYSIC		7	Me	784	
Ds Ds	- 1	on M.D	λ.		22e. ADDRES	5 2901 Olner	Olney mo	3	Rd £32				E
23a. BURIAL, C	REMATION, REMOVAL	23b DATE			EMETERY OR		23d. LOCA		*	COLINIC			TATE
(SPECIFY)	BURIAL	5/9/		TE OF	HEAVE	N	SIL	VER S	PRINC	COUNTY	MO.	NT 3	MD.
24. FUNERAL D	PIRECTOR FRANC	IS J. CO	LLINS			250 DAT	E REC'D. BY RE	GISTRAR	756 REGIS	TRAR'S SI	IGNATU	JRE	
500 U	NIV.BLVD.,	W.,SILVE	R SPRING,	MD. 2	20901	MA	Y141	984	which D	avidon	~ R	nde 92	

DHMH - 16 50M 4/B2 (VRA 15, 4)

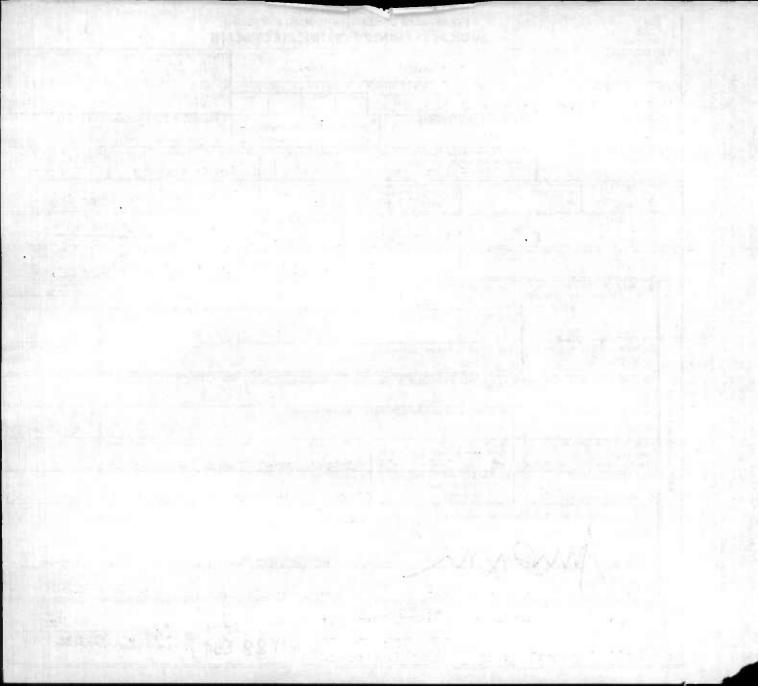
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

MEO.5:84 - 4821 , 8 VE Die: 8:. 500 T at 61200. STELLER THE STELLER STELLER STELLER STELLER the at 18



### STATE OF MARYLAND

1060

1 -	STATE REGISTRAR			DEFAR	CERTIF	ICATE OF	DEATH	15 4	REG. NO.			
	CEASED NAME	FIRST		NODLE	0	AST //a		2a DATE OF D	EATH MONTH	DAY YEAR 5-22-84	2b. HOUR	
3. SEX		old	L RACE	mes	5. DATE C	F BIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	4 HRS
N	Male		White		Aug	. 2 <sup>AY</sup>	1902	81	YR	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F		USA	WHAT COUNTRY	Y? 8 MARRIE WIDOWE		MARRIED		comery gomery	NTY OF DEATH		MD.
	ty or town of DEA			IOSPITAL, NURS HEACILITY, GIVE STRE Ington				120. USUAL OC (TYPE OF WORK FO Lal US	OR MOST OF WORKIN		pe jes	SOR
	AL RESIDENCE (IF NURS ITAJE 1d.	PG	THE PROPERTY OF		ORE ADMISSION)		CITY LIMITS?	131 STREET AD	Borne	dale Dr	11/0	3
4 FA	THER'S NAME Unobtair	able	NDDLE	LAST			s MAIDEN NAM		WIDDLE	LA	kST	
16g/ W	VAS DECEASED EVER	IN U.S. ARA	MED FORCES?  O'AR OR DATES)	166 SOCIAL SE		17 INFORM		h Mayb		Same as aughter	)	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED	y ane cause per BY: CAUSE (a)	line for (a), (b),	rdia	C 1	Arres	6		APPROI BETWEEN	CONSET AND DE	AL EATH
	Conditions, if ony,	which	DUE TO, OI	R AS A PUSEO	mi	ton	Arr.	ut	1	n	J	
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS ACONSEQUENCE OF CONSEQUENCE											
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN FUNCTION CUCKERS, Alzheners						GIVEN IN PART 1	(0)				
CERTIFICATION	19a, DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	TION WAS PERFORMED 200 AUTOPSY?  YES \( \subseteq \text{ NO \( \subseteq \)}			IN CE	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO		
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCURR	RED (ENTER NATUR	RE OF INJURY IN ITEM	18 PART I OR PART 2)		
MEDICAL	21d. INJURY OCCURI	RED	21e. PLACE		E, FARM, ETC )	211. LOCAT			CITY OR TOWN	COUNTY	SIA	ATE
	226. I certify that (I) sow the decease abaye (I) (we) to	-	- 4		£4.0		19 & 19 A	deoth occurred	on the date and	hour and from the		e) last ed
	22b. SIGNATURE	m	Por	& W	np	DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN	171. DAY	SIGNED	-
	JOHN SICIAN'S NA	21	FORL			22e ADDRE	wer	Spr	ing "	the de	7040	1
	BURIAL, CREMATION,	REMOVAL	23b. DATE 5/24		Gate (			23d LOCATI	TOWN	Mont.	Md.	ATE
24 EL	ineral director lines/Rin	aldi							SISTRAR 25hoREC	GISTEAR'S SIGNA a Davidson		2.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicians should be detached for use as the burial-transit permit. Then please remove carbon popers in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 show

# FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		A	1	6	
64	REG NO	and .	4	-	

REGISTRAR		CERTI	ITICATE OF DEATH	REG. NO.	
DECEASED NAME	FIRŞT	MIDDLF	LAST	20. DATE OF DEATH MONTH	DAY 77 YEAR 26. HOUR
	rbara Ca	therine I	ockendorf	May 7, 1984	12:25 <sup>P</sup>
SEX	4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR HDAY)	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Female	Whi		ot. 6. 1925	58 YRS	
BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	IED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
Virginia	U.S.	A. WIDOV		Montgomery	MD
CITY OR TOWN OF DEAT		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Takoma Park	Washi	ngton Advent:	ist Hospital	Cashier	W.S.S.C.
USUAL RESIDENCE (IF NURSIN	- E	, GIVE RESIDENCE BEFORE ADMISSION	۷)	In CIPET APPREC / 710 CC	
Maryland	P.G.	Univ. Park	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	n Street 20782
4. FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
William	H.	Dunn	Marion	WIDDIE	Smith
6a. WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Ad	dress Same as
NO (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	223-32-8671	Mr. Charles	W. Dockendorf	No# 13e.
					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	S CAUSED BY:	rine for (o), (b) and (c).)	· Vamor	SALLADA	A DA - O
52911	MMEDIATE CAUSE (0)	JUNUS LEUX	quemo,	<i>ways</i>	1 -1 days
2010	DUE TO, C	RAS A CONSEQUENCE OF	1.11 - 60-	-1-M 1	· Anuda
Conditions, if any,		estalu y	umolice	CUCUSTONIA	6) 10 years
gove rise to imme		R AS A CONSEQUENCE OF			-
underlying couse	last.	MAD THE OFFICE OF		,	
	FICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION O	GIVEN IN PART II a
19a DATE OF OPERAL 21a. ACCIDENT WAS UNDE					
190 DATE OF OPERALL	ON 196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED		YES, WERE FINDINGS USED
E 0130/8	Y CERE	BELLUPONTINE	ANGLE TUMO	YES W NOT	TIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
/ 00 co	USE OF DEATH	M. MONTH DAY YEA			
(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE		.M. 19 OF INJURY	21f. LOCATION		
MALION NOT MAIL	[AT HOME, SI	REET, FACTORY, OFFICE, FARM, EFC	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK			30	1 5-1-1	- DV
the decree	this hospital) attended t	24	and that in (my) (aff) aninian	death occurred on the date and h	nous and from the course stated
obove, (I) (we) (die	d) (did not) view the bod	offer death.		deciri occorred on the dole ond h	
NAJUKE	0.00.0	m11.11	DEGREE ATTENDING A	MEDICAL STAFF	22c. DATE SIGNED
rover	1 Drag	sello tu (1	PHYSICIAN	DIRECTOR   PHYSICIAN	13/1/04
22d PHYSICIAN'S NAM	AE (TYPE OR PRINT)	7000/11	10/5 SPI	RING ST	
KUBCICI	IT. INENE	PELSOITIV	SILVED	GPPING	MY 20910
23a. BURIAL, CREMATION, R	EMOVAL 23b. DATE	. 23c. NAME OF	CEMETERY OR CREMATORY	Z3d. LOCATION CITY OR TOWN	COUNTY STATE
(SPECIFY)					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban-pape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or remaval

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital or attendi

IMPORTANT: If Item 21 is marked of Item 18 shows ony

Burial May 10,1984 Riverview Cem
14 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hypatts. Md. 207

May 10,1984 Riverview Cemetery Charlottesville N/A Virginia

DEATHOR SOUTH

the state of the s	1391E	ALL MATER	4	
	18 DE	T. MARTINE		51
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(religional) it films	100) LPW			
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1/2 /	13 3	184		
18/5/2 July 2018/15				
lairaid () o lvas cois at	Car Cage Loca	vevil 14. 1	TANK E	

## STATE OF MARYLAND

1	0	0	0
and a	1	1	

1-	STATE REGISTRAR				FICATE OF DEATH	REG. N	1 4	y y	
	CEASED NAME	FIRST	WIOOFE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	OSEPI	4 BENJA	MIN D'S	Souza	MAY	21	1984	7:15 6
3. SE	X	4. R		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
	nale	AS	IAN PAC	IFIC W	12 1894		YRS.		HOURS MIN.
Va. B	RTHPLACE (STATE ORF	OREIGN 76. C	ITIZEN OF WHAT	COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	+ Notia		PAKISTAI	N WIDOW	VED DIVORCED	Montgo			MD.
M.C	TY, OR TOWN OF DEA	TH 11.		AL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
21		na t	toly (1	2055 A	ospital		CF PFR		HOTEL
130. 3		136 COUNTY	13c. CI	TY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
MAR	RYLAND N	IONTGOME	RY SI	LVER SPRIN	YES X NO .	10146 SUT	HERLAN	D ROAD	20901
14. FA	ATHER'S NAME	MIDDI	6	LAST	15. MOTHER'S MAIDEN NA			LAS	.,
1	PAUL	Middle		SOUZA	MARCEL	Most	SALD		,,
	VAS DECEASED EVER		FORCES? 166 SC	OCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	WWW.	
(	YES, NO OR UNKNOWN)	(IF YES, GIVE WAI		-96-8523	PHILOMENA	FERNANDES	SAME	AS 13	DAUGHTER
	18. CAUSE OF DEATH	H (Enter only ar	e cause per line for	r (a), (b), and (c).)				APPROX BETWEEN	MATE INTERVAL
	PART I DEATH W	AS CAUSED BY		CUTE A	MYOCARDIAL	INFARCT	ON	ONE	DATE
	4100	IMMEDIATE CA							7
	Canditians, if any,	coloiale (		CONSEQUENCE OF					
	gave rise to imm	nediate	(b)						
	couse (a), stating		DUE TO, OR AS A	CONSEQUENCE OF					
	2407.0.071150.00		(c)	NITHIO TO DEATH OF	T. N.O.T. DEL . T. E. T. O. T. U.S. T. E. D.	UNIVERSE OF CO.	IDITION CONT		
Z	PART 2 OTHER SIGN	IFICANT CON	DILIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N IN PART TO	0.
CERTIFICATION	19a, DATE OF OPERAT	ION	19b. CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES	WERE FIND	NGS USED
FIC						YES NO		ING CAUSES	OF DEATH?
ERT	21a, ACCIDENT WAS UND	FRI YING	21b. TIME OF INJUI	PV	21c HOW INJURY OCCUP				140 []
	OR CONTRIBUTING			ONTH DAY YEAR	R I WAS A SOUT OCCOR	THE TENTER WATER OF INST	AL HALLEM TO FA	AN I ON PART 27	
CA	(IF EITHER NOTIFY MEDIC		P.M.	19					
MEDICAL	21d. INJURY OCCURR	_	21e. PLACE OF INJU (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
<	AT WORK NOT WH	KK .	-						
	220.1 certify that				ry 20 19 8 4	10 MARZ	121	1984	that (1) (we) last
	saw the decease	d alive an	w the body after d	-1 19 P4 , c	and that in (my) our) opinion	deoth occurred an the c	lote and hour	ond from the	causes stated
	224 SIGNATURE		w me beer and	4	DEGREE			22c. DATE	SIGNED
	herte	0	herrol	/	ATTENDING PHYSICIAN	MEDICAL STA		5	4/84
	22d. PHYSICIAN'S NA	ME (TYPE OR PRIN	m /		220. ADDRESS 3-	+ FARA		7/2	, , ,
	MARTI	Jc	SHARI	GEL M.D	KE	NS (NG TO )		- 208	75
23n. 1	RUPIAL CREMATION		b. DATE	1	CEMETERY OR CREMATORY	236 LOCATION	,		
	BURTAL		5/26/84		F HFAUFN	CITY OR TOWN	DOTAG	COUNTY	STATE NO

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

injury, or other troumatic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shapes any

(VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

250 DATE RECD. BY REGISTRAR No. REGISTRAR'S SIGNATURE WAY 28 1984

of the same of the THE THE IS HAVE STONE OF THE PARTY HEREOLD The second of th CONTRACTOR OF THE PROPERTY OF The san - water of the IN BERDINED BY LIBERY

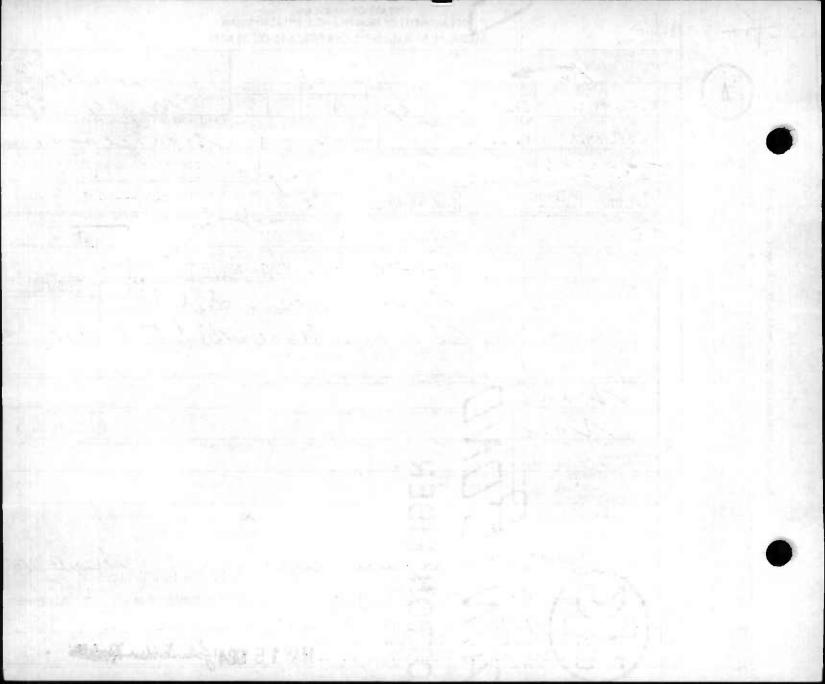
232 CARROLL STREET, N. W., WASHINGTON, D. C. N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20. DATE KNOWN OF DEATH MATED DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
HOUSEWIFE OR INDUSTRY OWN HOME zip ---20912 LAST MIND ADDRESS 7 SLADE BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [] NO. STATE CITY OF TOWN COUNTY Inquiry ond in my opinian 1919 SEMINARY ROAD SILVER SPRING. MARYLAND

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

FOR



requires that the death certificate be executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the hospital or ottending physicion

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

14

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRS			UNNIGAN	20. DATE OF DEATH MONTH	8 - 8-4 26 HOUR 3
3.	MALE	4. RACE CAUCAS	AN SEP	DE BIRTH 20, DAY 1905	6. AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. S.
	BIRTHPLACE (STATE OR FOREIGH WASHINGTON, D. (		/HAT COUNTRY? 8. MARRIE	DIV NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF COUNTY	
11 >	BETHESDA		OSPITAL, NURSING HOME ( FACILITY, GIVE STREET ADDRESS)  BAN HOSPITAL	or other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SALESMAN	126. KIND OF BUSINESS OR INDUSTRY RETAIL
111			SILVER SPRING			URG DRIVE 20901
14	FATHER'S NAME JOHN	P. DU	INNIGÂN	15. MOTHER'S MAIDEN NA MARGÜERITE	MIODLE	CAMPBELL
16	WAS DECEASED EVER IN U.	S. ARMED FORCES?	578-12-7411	GERTRUDE LI	ADDRESS INCOLN DUNNIGAN	SAME AS 13 WIF
		DUE TO, OR	AS A CONSEQUENCE OF N A ACC TIBE	NOT RELATED TO THE TERM	EFT KIDN MINAL DISEASE OR CONDITION OF	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN		ION FOR WHICH OPERATIO		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
- 1	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE  (IN EITHER, NOTHY MEDICAL EXA 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	OF OEATH HOUR A.M. MINER) P.M.  21e PLACE C	I. MONTH DAY YEAR	211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
	220.1 certify that (1) (this saw the deceased ali	40 - 67	Itter death.	nd that in (my) ( opinion  DEGREE  ATTENDING	death accurred on the date and I	, 19, that (I) (—) last hour and from the causes stated  27c. DATE SIGNED
-	22d. PHYSICIAN'S NAME	la	ber	77e ADDRESS 8218 WI		re Bethesda
23	Burial, cremation, remo (SPECIFY) BURIAL	736. DATE 5/12		AWN CEMETERY	ROCKVILLE	MONT ST MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the fur should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar other troumotic event, the medicate

AL 5/12/84 FRANCIS J. COLLINS 24 FUNERAL DIRECTOR

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE hie Davidson-Randell 500 UNIV BLVD. W., SILVER SPRING, MD. 20901

500 P8 8 8 

TATE	OF	MARYLAND	

1.	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	NEG.	NO.	0 /	
	CEASED NAME	FIRST		MIDDLE		AST	26. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
live		amie	E.	Eas	ton		5-27-	-84		3:35am
3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAST !		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
,	F		Whit	e	Ju	ly 11, 1896	87	YRS.	VIRS DATS	ACOKS MIN.
70. B	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		DEATH	
	Maryland		U.	S.A.	WIDOWE		Mont	tgomery		MD.
10. C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA		12b. KIND C	F BUSINESS OR
1	Olney		Monte	omery Ge	neral	Hospital	Housewi	fe	IIVDOSTKI	
USU 13a. :	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFOR		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	5		
N	aryland		gomery	Damascu		YES NO	28404 Ken		d. 20	372
14. FA	ATHER'S NAME		WIDDLE	LAST	9, 4	15. MOTHER'S MAIDEN NA			145	ST.
	James		A.	Moxley	3: 1	Hattie	Virgin		East	
16c. \	WAS DECEASED EVER		MED FORCES?	166. SOCIAL SECL	JRITY NO.	17 INFORMANT	ADD	RES610 Pa	rk Ave	9.
	YES, NO OR UNKNOWN)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		212-18-	5031	Catherine L.	Rippeon,	Mt. Ai		MATE INTERVAL ONSET AND DEATH
NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause	, which mediate ng the last.	DUE TO, O	R AS A CONSEQUE	ENCE OF			ndition Given	IN PART I	
MEDICAL CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES	NG CAUSES	NGS USED OF DEATH?
CAL CER	21g. ACCIDENT WAS UNI	CAUSE OF DE	HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	I OR PART 2)	
MEDIC	21d. INJURY OCCUR	HILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	216 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that (1)	(this hasp	ital) attended th	e deceased fram_		-26, 19 84	, to	7, 19	84	that (Dwe) last
	saw the deceas abave, (I) (we) (	ed alive on	t) wew the bady	ofter death	14,0	nd that in (((aur) apinion	death accurred on the	date and haur a	nd fram the	causes stated
	22b. SIGNATURE	200	, ,			DEGREE	1		22c. DATE	SIGNED
	1/	16	tap		-	4 O ATTENDING PHYSICIAN	DIRECTOR   PHYS		130	
	22d PHYSICIAN'S N	AME (TYPE	OR PRI	155		220 ADDRESS 1040	1 old ge	or fe to	in ,	27
	Alber	rt Ro	otsztai	n	2016	Betterdo	, Md.	200	714	
23a	BUIDIAL CREMATION				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	Burial		May 30	,1984	Montge	omery Meth.	Damascu	s, Mont	gomer	, Md.
24 5	LINIEDAL DIRECTOR	-	_			25a DA3	TE PECIO BY PECISIPA	PISS DECISTOR	D'C CICNIA	TUDE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If them 21 is marked ar them 18 stows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.

Clin L. Molesworth, P.A., Damascus, Md.

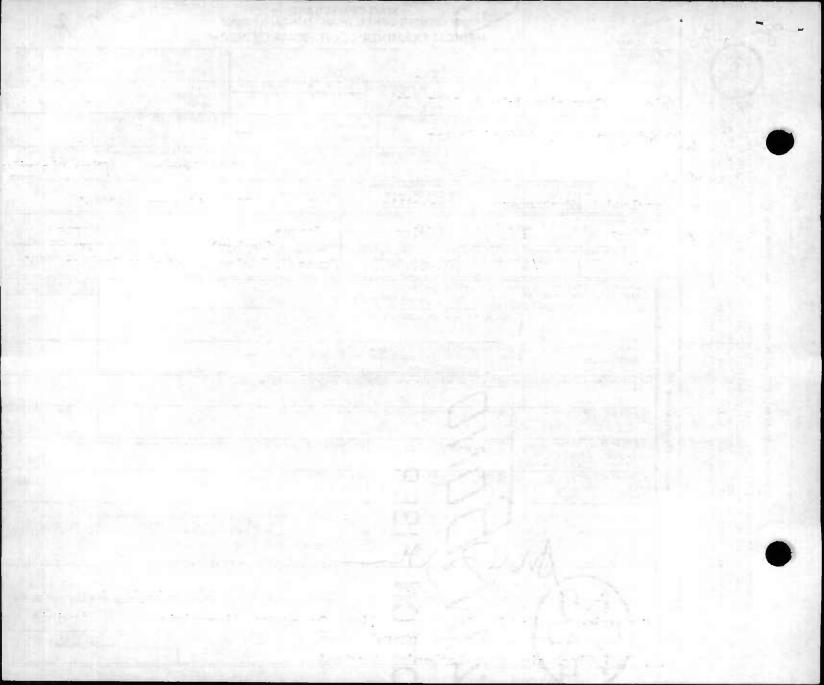
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	and comment		. 16		

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Claric . . olenworte, . ., Delecte, .d.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directar. # should be detached far use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 should be filed within 72 haurs after

shauld be detached far use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, ar removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws

OR ATTENDING PHYSICIAN: The law

retained by the hospital TO HOSPITAL

injury, or ather traumatic event, the

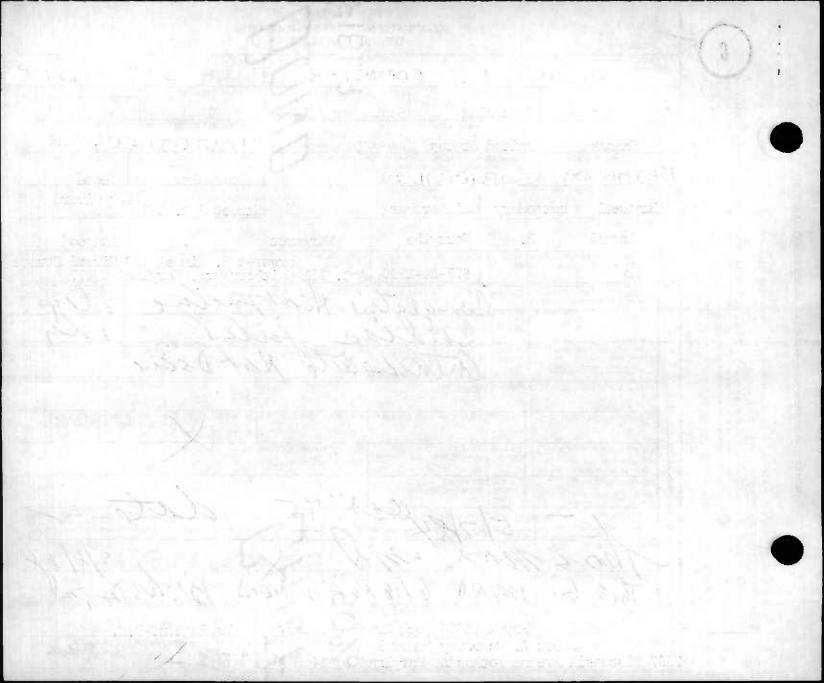
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

+	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 4 REG.	NO.	0 .	13	
	CEASED NAME	FIRST		MIDDLE	i	LAST	2a DATE OF DEATH	MONTH DA	YEAR	26. HOUR	₹
TAPE	OR PRINT)	ucile		F.	Edmi	nster .	May	7, 1984		10:10	) bii
3. SE	x		4. RACE		5. DATE (		6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 2	4 HRS
	Female		Caucasi	ian		ember 9,1892	91	YRS		HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	_			
	Kansas		United	States	WIDOWE		Montgomer	y Count	y Mary	land	MD.
10. C1	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		126. KIND O INDUSTRY	F BUSINES	SSOR
,	Bethesda		Subu	rban Hosp	ital		Homemak		Home	9	
USU/ 13a. S	AL RESIDENCE (# NUR	136 COUN	ITY	GIVE RESIDENCE BEFORE		\$13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	450 Gin	rard	
N	Maryland	Mont	gomery	Gaithers	ourg	YES NO X	Street Ap	t. 201	20	87	1
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	ī	
	Howard		В.	Forsythe		Margaret	S.		Anngo		
	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT Marga	aret E. Ku	mel 450	O Giran	rd St	reet
	YES, NO OR UNKNOWN)			577-84-1	L398	Apt. 201 Gait	thersburg,	Marylar	nd 2087	77	
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter on	ly one couse per	Ine for sal, (b), and	ic of	- slant	7.1		BETWEEN	MATE INTERV	EATH
	PARTI. DEATH V		E CAUSE (D)	ange	N	W HEN	pares	w	300	My	?
	414	0	DUE TO, O	RATACONTOU	PICE OF	1	:/,,		1	li	,
	Conditions, if ony		(b)_	1110	N	ic you	vin		10	7	
	gove rise to import couse (a), static	ng the	DUE TO, O	R S CONSEQUE	NCE OF	0-11/1	112	11			
	underlying couse	lost.	(c)_	MM	10	Guara 1	Cer V.	un			
_	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART To	· ·	
õ											
CERTIFICATION	1% DATE OF OPERA	TION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	25e AUTOPSY7		WERE FINDIN ING CAUSES		
8TB				w trouves			YES NO	YES	tu-f	NO []	
	OR CONTEBUTING	CONTROL OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Y YEAR	21s, HOW INJURY OCCURS	RED (Entra national or ex	Section 18 see	IT I GREART 2)		
MEDICAL	(# EITHER, NOTEY WILL)	CALERAMINER	ρ.	M.	19						
WED	214 INJURY OCCUR	1700-	21e PLACE IA1 HOME 179	OF INJURY HEL FACTORY OFFICE, FO	MM. TEGY	711 LOCATION	CITY CH	g#n	COUNTY	STA	ATR
	AT WORK ALL AT WIS	ate.		, ,	100	MAL	1	11	_		_
	22s.1 certify that (1)	2011	tal) attended ty	Stored ST	Co-10	100	to	1	-	that (1) in	et less.
	obove M (wasi	ed alive on <del>did</del> ) (did no	t) view the body	other Ayr	- 0	//	death occurred on the	dollir and hour i		couses stat	ed
	27h SIGNAFURE	-	Mak	1/4	m	ATTENDING .	MEDICAL ST	AFF	m. DATE	DI /	-1
-	1100	3	1100	1	111	PHYSICIAN	DIRECTOR PHYS		13/4	18	X
	THE HYSICIAN'S N	AME (TYPE C	R PRINT)	nh /	111	22e. ADDRESS	n. A VA	14/11	1	1	
	Thos	6.	VY4	0 47	110	KABINIE	M. Care	1973	19	3	
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	St	ATE
	Buria					eek Cemetery	Washing		C.		
24. FI	UNERAL DIRECTOR I	Robert	: A. Pum	phrey Fur	neral	Homes PA 25a. DAT	E REC'D. BY REGISTRA	RASH REGISTR	AR'S SIGNAT	URE AND SO	
	7 Wiscons						1 1 984	Junaria	14001-16		

DHMH - 16 50M 4/83 (VRA 15, 4)



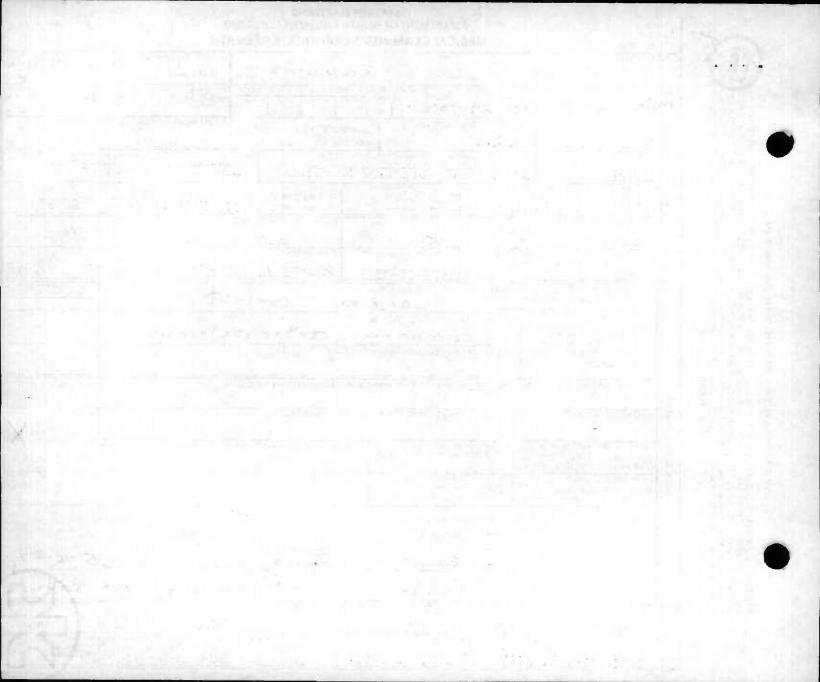
20M 4/82

STATE OF MARYLAND

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500 UNTV. BLVD., W. SILVER SPRING, MD. 20901

(VR A15 ME (5)) 20M 4/82 STATE OF MARYLAND



FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	4	0	1	(

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRS	riam E.	Edwards		DAY YEAR 26 HOUR
Female	4 RACE Caucasian	S. DATE OF BIRTH SEPT. 6AY 1898	6. AGE (IN YEARS LAST BIRTHDAY) 85	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE ORFOREIGN COUNTRY) Pennsylvania	United States	MARRIED   NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Montgomery	
Bethesda	DOWN HOS	pital	120 USUAL OCCIAPATION THORIEMAKET WORKING LI	12b. KIND OF BUSINESS OR INDUSTROME
Pennsylvania	Me or other institution give residence OUNTY Adams Gettys	town 13d inside city limits burg yes \( \text{No.} \text{No.} \( \text{Decity} \)	- 216 E. Lincoln	17325
Allan	MIDDLE Fis		zzie	Snyder
160. WAS DECEASED EVER IN U.S. IYES NO OR UNKNOWN) (15 YI	S. ARMED FORCES? 166. SOCIAL 216 44	2970 Paul A. Edv	. 1 - C -	Gruenther Ave.
Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause flos	DUE TO, OR AT A COLD the to the total tota	The Fa	ilwe Dille	ners:
190. DATE OF CHRATION  210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{c c} NO
216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED  WHITE AT MADER	OF DEATH HOUR A.M. MONTH MINER) P.M.  21e. PLACE OF INJURY	19 211 LOCATION	CURRED (ENTERNATURE OF THE STEEM IS I	COUNTY STATE
27s.1 certify that (II (three-	( 100	DEGREE ATTENDIN	to	n and from the couses stated
224. PHYSICIAN'S NAME	7. WARD	220 ADDRESS	TOL BUMLS	13/2087
(SPECIFY) Burial  24 FUNERAL DIRECTOR RU NAME HOMES, P	BERT A. PUMPHRES	Y FUNERAL 250	DATE REC'D. BY REGISTRAR 250. REGIST	Pennsylvania  IPAR'S SIGNATURE  Jundson-Handell

JUN 6

DHMH - 16 50M 4/83 (VRA 15, 4)

TO PUNERAL DIRECTOR should be detached with the State Dept

errificate has been signed by the attending physician and ca mial-transit permit. Then please remove carbanpapers-Pages 1

as the burial-transit permit. Then please remove carban pape th and Mental Hygiene prior ta burial, crematian, ar remaval

lem 18 shows any injury, ar ather traumatic event, th

AARORTANT, If hem 21 is marked or

ATTENDING PHYSICIAN: The law requires that the death certificate be

		Walsten Hill	La Den La Collège de	
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	man de tel	TROUTE	a • • • • • • • • • • • • • • • • • • •	20.002
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	12051	1/2 0/2 10-		
		Marie Cons	D. Jan mojan	
	1-1-11			A SECOND SECOND
		THE WILLIAM	ASS. CHUIL LOS	

(TYPE OR PRINT) OMAS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR MONTH 05 To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTR MARRIED NEVER MARRIED COUNTRY) New York United States WIDOWED DIVORCED Montgomery County. 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Admin's Errative (IFE) INDUSTRY Department IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)
Suburban Hospital Bethesda Law Judge USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE 20854 8709 Sleepy Hollow Lane 13g. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Potomac Maryland Montgomery 14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dennis Egan Rose ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ( IF YES, GIVE WAR OR DATES) 072-16-6485 Mrs. Rosa W. Egan, Wife, Same as item #13 Yes WWII 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o ACCIDEIXT EREARO VASCULAR. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause HERU (CERSSIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M LIE EITHER NOTIFY MEDIC ALEXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (w/r) (did) (did nat) view the body ofter death 22b. SIGNATUR DEGREE ATTENDING PHYSICIAN . MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS AN'S NAME ITYPE 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Buria1 June 2, 1984 Parklawn Memorial Park Rockwille

Robert A. Pumphrey Funeral Homes.

P.A., Rockville, Maryland

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

IF UNDER 25 HE

IE UNDER TYEAR

of Labor

Morris

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20854

YES T

25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

Maryland

STATE

2s. DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

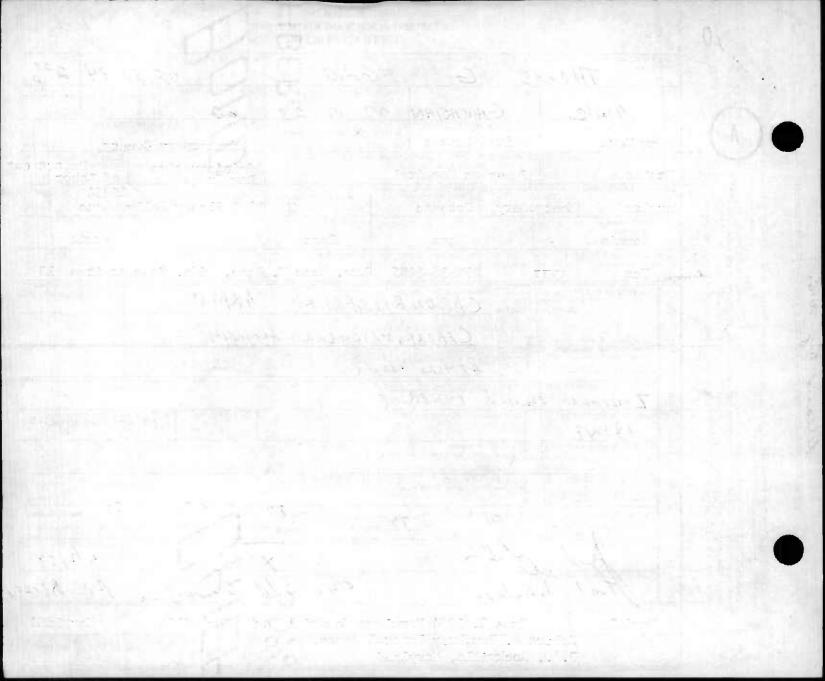
24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

DECEASED NAME



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- 3	-	3	- 0
		4	U	/	C
REG NO	O. *	- 25			

REGISTRAR		CERTIE	ICATE OF DEATH	REG. NO	).	
1. DECEASED NAME FIRST	WIDDIE		LAST		MONTH DAY YEAR	2b. HOUR
JOHN	HUGHES	EGG	LESTON	MAY 19, 198	84	2:02 a
3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		
MALE	WHITE	FEB.	5, 1925	59	MONTHS! DAYS	HOURS MIN.
A HIM HPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
Ohio	United Stat			MONTGOMER	Y COUNTY.	MD.
0. CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	OR OTHER INSTITUTION	Senior Prod Manager	TOPINE LIFE) INDUSTRY	OF BUSINESS OR Treating
SUAL RESIDENCE (IF NURSING NOME 130. STATE PENNSYLVANIA	OR OTHER INSTITUTION, GIVE RESIDEN JNTY 136. CITY LANS	OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 424 W. BONI		946699
FATHER'S NAME FIRST Clarence	MIDDLE Eggles	LAST <b>ton</b>	15. MOTHER'S MAIDEN NAME FIRST Silva	ME	Hughe	nst S
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOC	AL SECURITY NO.	17. INFORMANT	ADDRES	S SAME AS	ABOVE
	TI 535-	16-7986	MRS. MARJOR	IE EGGLESTO	N (WIFE)	
18. CAUSE OF DEATH (Enter	anly ane cause per line far (a	), (b), and (c).)			APPRO BETWEEN	XIMATE INTERVAL
PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a) RESPI	RATORY IN	SUFFICIENCY		3 we	eeks
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	STATIC SA	RCOMA TO THE D			onths NTHS
PART 2 OTHER SIGNIFICAN					DITION GIVEN IN PART 1	la
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
an contribution of Chilles or a	DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	1	71f LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
22a.1 certify that XX (this has	pital) attended the decease on MAY 19 Wilview the body after deat	d fram <u>APRII</u> 1984, o	nd that in (mg) (our) apinian	ta MAY 19 death occurred on the do		, that (we) last e causes stated
226. SIGNATURE	I no		DEGREE  D ATTENDING PHYSICIAN	MEDICAL STAF	F / 5/19	SIGNED 184
22d. PHYSICIAN'S NAME / TYPE	M			NTER, BETHE	HEALTH SDA, MD 20	205
236. BURIAL, CREMATION, REMOVA ISPECIFY) Cremation	23b. DATE May 20, 1984		e Crematory	23d LOCATION CITYOR TOWN Lansdale	Pennsy1	vania

DHMH - 16 50M 4/83 (VRA 15, 4) P.A., Bethesda, Maryland

REC'D. BY REGISTRAR 730. BEGISTRAR'S SIGNATURE LONG THE DAY OF THE PROPERTY OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital ar attending physician.

BP. DHMH - 16 50M 4/B3

(VRA 15, 4)

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH **CERTIFICATE OF DEATH**

REG. NO.

								KEG. I			
'	DECE (TYPE OR	ASED NAME PRINT)	John		Edward		gin	20 DATE OF DEATH	MONTH DA		2h HOUR
			JOIII		Edward			May 25			9:20A <sub>M</sub>
1	3. SEX	1		4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST 8		F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Ļ		ale		Caucas			h 17,1908	76	YRS.		
A	COL	HPLACE (STATE O	R FOREIGN	76. CITIZEN OF		MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY			
5		W York OR TOWN OF DI			State		D DIVORCED DO OTHER INSTITUTION	Montgome			MD
1		ckville	AIH				tist Hosp.	TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	Phone
4	1		PSING HOME OR	OTHER INSTITUTION.			tist nosp.	Installe	r	Comp	any
A	3a ST/	TE	13b COUN	ITY	13c. CITY OR TO	WN		136 STREET ADDRESS		1 4 7	701/200
_		y1and ER'S NAME	Mont	gomery	Gaithe	rsbur	gyes [] NO □	<u>9701 Fie</u>	lds Ro	ad #3	01/208
7		FIRST		MIDDLE	E 1 a s	22	FIRST	MIDDLE		Campa	ntor
4		rthur S DECEASED EVE		MED FORCES?	Elgi		Diana 17 INFORMANT	Evans	RESS	Carpe	nter
	LYES	NO OR UNKNOWN)		E WAR OR DATES)	577 01		Mary Peyto	n Harris	Elgin	. sam	e as #
-	Ye						11419 10900	11 11011110	21811		MATE INTERVAL ONSET AND DEATH
	- 1"	PART I. DEATH			line for (o), (b),	and Ici.i	10 Mii no	rest		BETWEEN	ONSET AND DEATH
		434	IMMEDIAT	E CAUSE 10)	and	20-2	anger.			1	700
1		da	L. I	DUE TO, OF	AS A CONSEC	UENCE OF	1 Heroulo	on in		/	certe
		conditions, if on gove rise to in	nmediate	) (b)		u a					
		couse (a), state underlying cau	-	DUE TO, OF	R AS A CONSEC	UENCE OF	l asterios	clirosis		10.	yes
	P	ART 2 QTHER SK	SNIFICANT (	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART 1	0
	NO NO	Sarke	uson	sun 6	arough	l ation	1 Jacky cordia	Deling	Acon	V	
7	CERTIFICATION	DATE OF OPER	ATION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	E						- X	YES NO	YES	_	NO [
1	- /	OR CONTRIBUTING	_	21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM TE PAI	RTT OR PART 2)	
71	SE	(IF EITHER NOTIFY ME				19					
	W	d. INJURY OCCU		21e PLACE (	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC )	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
1		WHILE NOT Y	ORK				1//		1	G	
	2	la.I certify that (		9/	7 ///	( /	1/3/19/7	, to 3/	23/1	9	tho (1) (ye) lost
1		obove, (1) (we)	(did) did no	t) view the body	ofter death.		nd that in (my) (our) opinion o	death occurred on the	date and hour		
4	l'	& SIGNATURE	12	1. 11	1		ATTENDING V	MEDICAL ST	AFF	5/25	
			1770	lle L	170	ices	A CONTRACTOR OF THE PARTY OF TH	MEDICAL ST.	CIAN	3/4	1/04
П	2	d. PHYSICIAN'S			(6 n		27e ADDRESS	111 D	1 D. 1		MD
		Stepne	n N.	Jones,			809 Viers		1 KOCK	ville	, MD
	23a BU	RIAL, CREMATION	, REMOVAL	1 1015	$1y 29^{23}$		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
-		Buria1		1900	t Iv		cy Cemetery				
		ERAL DIRECTOR						REC'D. BY REGISTRA	REGISTR	* 7	ande 12
	Но	mes, P.	A. Ro	ockvil]	le, Mai	cyland	20850	0 - 1904		LASON AND	- Inda

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STATE OF MARYLAND

THE REGIST	TRAR		DEPARTN		FICATE OF DEATH	REG. N	0.	4 0	9 0	4.5
I DECEASED (TYPE OR PRINT)			West E	ngli	sh	MAY	MONTH	1984	123	RA
3. SEX	· · · · · · · · · · · · · · · · · · ·	4. RACE		5. DATE (	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
	nale	Caucas		Feb	. 19, 1911	73	YRS.			
COUNTRY)	CE (STATE OR FOREIGN	L CITIZEN OF	WHAT COUNTRY?	MARRIE	D T NEVER MARRIED	9. BALTIMORE CITY C	OR COUNT	Y OF DEATH		
DC			.S.A.	WIDOW		Montgome				MD.
Chevy	Chase	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET / Cast Len	ADDRESS)	or other institution	(TYPE OF WORK FOR MOST OF HOMEMAKE)	OF WORKING LI		of Busine Ome	SS OR
USUAL RESID 130. STATE M I	ENCE (IF NURSING HOME OR OR OT IS LOUN MON		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Chevy (	N	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS	/ ZIP COD	20815 St.		
14. FATHER'S		NDDLE	LAST		15. MOTHER'S MAIDEN NA			145		
Milla		F.	West		Elizabeth	1		Leed	h	
	EASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
No.	(IF YES, GIVE	WAR OR DATES	217-48-8	3288	Patricia E.	Saul 1 Qui	ncy St	t. Chev	7 Cha	ise,
III CAL	JSE OF DEATH (Enter onl	y one couse per	line far (a), (b), and	licui.				APPROX BETWEEN	MATÉ INTER	DEATH
PAR	T I. DEATH WAS CAUSED	BY:	CARCIN	OMA	TUSIS			2-3	>	05-
	Conditions, if ony, which (b) CARCINOMA - LUNG						2-3	3 mc	55-	
couse	gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF									
	OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	VEN IN PART 110	31	
190. DA1	TE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc		
00.0011	CIDENT WAS UNDERLYING THE ITERITOR TO THE ITER	H	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM IB	PART I OR PART 2)		V V
<u> </u>	OURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	5	TATE
sav	w the deceased alive an ove, (1) (and odd)	MAKC	H 15 190		nd that in (my) (eat) opinion o	, toVITTY death occurred on the d	ate and had		that (I) (x	
	SNATURE THE ?	cher		mz	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR   PHYSIC	FF CIAN []	27c. DAJE 5//		4
	YSICIAN'S NAME (TYPE OF	ECKE	R		916 - 1915	ST. NW	-De	200	306	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached far us with the State Dept. of He MPORTANT: If He

236 BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation 23b. DATE remation 5/16/84 Cedar Hill Crematory
RAL DIRECTOR JOSeph Gawler's Sons, Inc.
PAME 5130 Wisc. Ave. N.W. Wash., DC 20016

MAY

24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

STATE

DATE REC'D. BY REGISTRAR 100, REGISTRAR'S SIGNATURE.

And the same name of the same AD THE RESIDENCE Water St. Ones Co. that work is seen a first state of superinter. The March of the State of the S

		FOR STATE REGISTRAR	D	STAT EPARTMENT OF F CERTIF		REG. N	14081
e n f	1. DE	CEASED NAME SARAHST ORPRINT) Savay	MIDDLE		AST ETTIN	) OF DEATH	05 13 8/54
e ( A )	3. SE	Femule	CKUSI	S. DATE (		6. AG, RS LAST BIF	PRIHDAY)  IF UNDER 1 YEAR  MONTHS DAYS HOURS M  YRS.
er death. Par three all and an article and an article and article article and article and article article article and article		RTHPLACE ISTATE OR FOREIGN SUNTRY) LUSSIC		MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED DO DIVORCED DO DIVORCED DO DIVORCED DO DIVORCED DO DIVORCED DE DIVORCED D	120. USUAL OC	OR COUNTY OF DEATH  GOME/LY  TON 126, KIND OF BUSINESS
hours aft.	-	CRVILLE  AL RESIDENCE (IF NURSING HOME OR TATE  130 COUN	OTHER INSTITUTION GIVE RESIDENTLY  13c. CITY	ne & Wo	shingles Area	Housewife  13e. STREET ADDRESS	DE WORKING LIFE) INDUSTRY
d within 24 and 2 should know the should be	14. E.	st. of Columbia ouis	Washi Brodk	ngton	YES X NO C  15. MOTHER'S MAIDEN NA  Hannah	2808 27th	LAST
be execute on ond cor	16a V	VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 1166. SOCI	AL SECURITY NO.	Mrs. Pearl	ADDR	e as No.13-A
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours r attending physician.  Vit consist permit. Then please remove corbon papers. Pages 1 and 2 should be fille — Analy Hygiene prior to burial, crematian, ar removal.  Actions of the please remove corbon papers. Pages 1 and 2 should be fille  Action of the please prior to burial, crematian, ar removal.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	D BY:  E CAUSE (o)  DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)	Antonoscl  NSEQUENCE OF  NSEQUENCE OF	eroti Hearx		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
low requires to the signer street. Then per prior to bur per per per per per per per per per pe	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	DIABLETES  196. CONDITION FOR	Melletins		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SION OF VITAL R PHYSICIAN; The I ording physicion. vrificote ho: Urtonsit pe Urtonsit pe und Hygiese		2}0. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUI	YES NO RED (ENTER NATURE OF INJU	YES NO
offending of the state of the s	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	
AL OR ATTENDING THE HOSPITOL OF AL DIRECTOR, Affectively for 70 of the Device of the D		226. I certify that (I) (this hospit saw the deceased alive an above, (I) (well-thick (did no 22b. SIGNATURE	Macy 10	19 <u>84</u> 0	DEGREE ATTENDING	death occurred on the d	lote and hour and from the causes stated  22c DATE SIGNED  FF
O HOSPITA etained by TO FUNER should be d with the Sto		22d. PHYSICIAN'S NAME (TYPEO		7-74	22e. ADDRESS		UHEAROW, OND 20906
9469		SURIAL, CREMATION, REMOVAL	23b. DATE 5/15/1984		emetery or crematory ark Cemetery	Westwood.	New Jersey

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F.H 250 DATE REC'D. BY REGISTRAND REDISTRAND REAL PROPERTY OF THE PROPERTY 232 Carroll Street, N. W. Washington, D. C.

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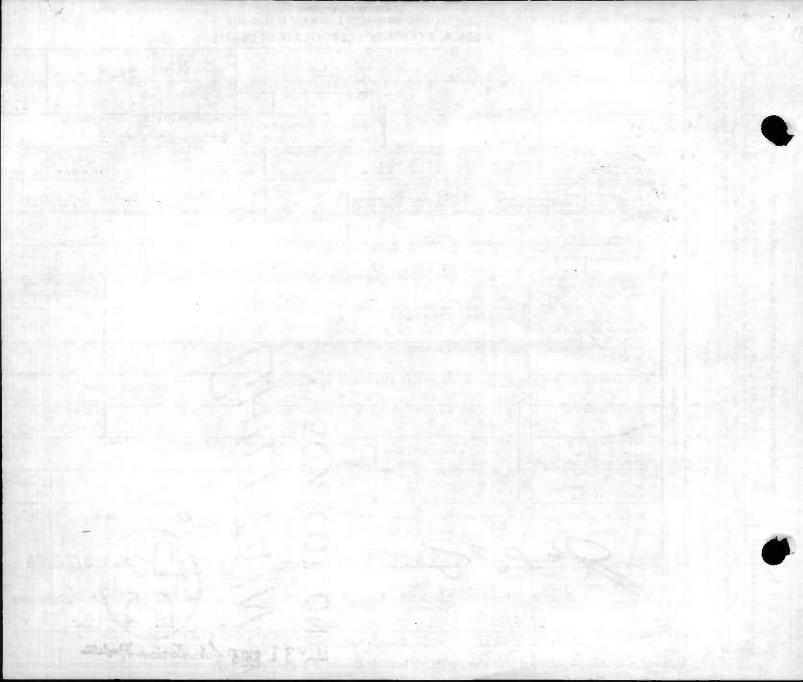
BP. **DHMH-17** (VR A15 ME (5)) 15M 7/77

5/29/84

Mt. Lebanon Cemetery

Adelphi; P.G.; Maryland

DANZANSKY-GOLDBERG MEMORIAL CHAPELS 50. DATE REC'D. 1170 Rockville Pike; Rockville, Md. 20852



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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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Eng	PEC NO	3			

KI	OR TATE EGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	4 0 0
	ASED NAME EIRST	MIDDLE	LAS!	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR I	9-1	Marie	Farrel1	May 23, 19	84 6:30
3. SEX	TINO	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IE UNDER I YEAR IF UNDER 24
	1	NACE .	MONTH DAY YEAR	4 11	MONTHS DAYS HOURS
- Ver	nale	aucasian	March 15, 190'		
	HPLACE (STATE OR EOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
La Mer	Nork	USA	WIDOWED DIVORCED	□   Montgomery	County
A Be	HOP SAG	1. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	126. KIND OF BUSINES INDUSTRY
JSUAL R 13a STA		A 61	134. INSIDE CITY LIMITS		ODE 20815
M FATH	ER'S NAME	1. CHEVYCH	15 MOTHER'S MAIDEN		Suit Cirdi
[2]	EIRST MY	MIE LAST	FIRST	WIDDIE	1 1 LAST
1001	ioseph t	t. rarrell	Hnna	Marie	nelley
	S DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRESS	Same as
ae di	A Committee of the control of the co	THE OR DATES!	trancist	V. Engelstad.	- #13
å li	CALISE OF DEATH (Enter goly	ane cause per line for (a), (b), and		d	APPROXIMATE INTERV BETWEEN ONSET AND D
, t	PART I. DEATH WAS CAUSED	BY: Carrier Carrier		MA	18 mg
> 0	IMMEDIATE	CAUSE (a)			101,000
5 5 6	1790	DUE TO, OR AS A CONSEQUE	NCE OF		
E E	Canditions, if any, which	(b)			
g ≟ g	gave rise to immediate	)			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
i a		( (c)			
	ART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	PEATH BUT NOT RELATED TO THE T	erminal disease or condition	GIVEN IN PART 11a
S Shorts on injury of the state	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
2 2 "				IN CE	RTIFYING CAUSES OF DEATH
				YES NO NO	YES NO
	a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR ZIE HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DICAL	R CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
EDICAL	d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		COLUMN ALL
2 V	WHILE NOT WHILE O	TAT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC 1 STREET	CITY OR TOWN	COUNTY
2 2			GU 69	1 - 3 Mise	Sel C
5 E 27	a. I certify that (1) this haspital	) attended the deceased from	196	7 , 10 6	, 19, that (I) w
21 is	saw the deceased alive above (I)(we) (did) (see na)	19 S	, and that in my (our) opin	ion death occurred on the date and	hour and fram the causes stat
	b. SIGNATURE	view the buby difer dechi.	DEGREE		22c. DATE SIGNED
0 =	Cliviles &	Keegan & M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	23 Mus
0		RINT)	22e ADDRESS	0 4 - 1	
a Line	H PHYSICIAN'S NAME (TYPE ORP	-/		10.14	1. 11/11 500
a Line	hantes F	Karantin n	11 3152 8	SENTON STUM	I WASH AC
MPORTANT:	Charles E	Kerganton	n.U 3752		J WASH BC
O	Charles E	23b. DATE 23c N	AND 3152		WASH BC
MPORTANT:	Charles E			RY 23d. LOCATION	AN MI
Solution of the state of the st	Charles E	23b. DATE 23c N	ST. Mary S	RY 23d LOCATION CITY OR TOWN	A°A Mi

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20M 4/82

STATE OF MARYLAND

niconio Racenio Augora Aŭurio Rosievillo, al I. apasta Rosievillo, al I. apasta Augora Aliano Statuta Contra Contr STREET, STREET CONT. II. Decree 1 436 M. Serve 1 300 per medical factor

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 4 REG	. NO.		
	CEASED NAME	FIRST	A	AIDDLE	U	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
VIII.	Geo	rge	E		Fi	lgate SR	MAY	31, 1984		6:45 PM
3. SE	X	0	I. RACE		5. DATE O	FURTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF U	THS DAYS	HOURS MIN.
M	ALE	100	CAUCAS	IAN	ÖCT	31, 1898	85	YRS.		
	RTHPLACE   STATE OR F	OREIGN I	b. CITIZEN OF	WHAT COUNTRY?	8.	<b>1</b>	9 BALTIMORE CITY		DEATH	
	ASHINGTON.	D.C.	U.S.A.		WIDOWE	NEVER MARRIED DIVORCED	MONTGO	DMERY		MD.
$\overline{}$	TY OR TOWN OF DEA		II. NAME OF			R OTHER INSTITUTION	120 USUAL OCCUP			BUSINESS OR
	HEATON		MANOR CA	ARE, WHE	ATON		PRINTER	R WALL	INDUSTRY STREE	T JOURNA
130. 5	AL RESIDENCE (# NURSI STATE ARYLAND	13b. COUN		13c. CITY OR TOV SILVER	VN	13d. INSIDE CITY LIMITS? YES NO 🗌	130. STREET ADDRES	s ARNINGHAM	COURT	20906
14. FA	THOMAS	A	E.	FILGA	ΓE	15. MOTHER'S MAIDEN NA	WE		BELSH	1AW
16a V	VAS DECEASED EVER	IN U.S. ARA		166 SOCIAL SECT		17 INFORMANT	ADI	DRESS		
{	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	578-09-	9576	CHARLOTTE B.	FILGATE	SAME A	S 13	WIFE
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last:  PART 2 OTHER SIGNIFICANT CONDITIONS C			there;	ENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	- 11	ERE FINDING	GS USED
MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WH AT WORK AI WOR	CAUSE OF DEAT CAL EXAMINER) RED	P./ 21e. PLACE (	M. MONTH D M.	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF		COUNTY	STATE
	22a. I certify that (1) saw the decease obove, (1) (we) to	d alive an_	5112	19_		d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN		TAFF		
	Donal Donal D	E. C	: Hon	m.D.		220 ADDRESS 2901 Olne	7. md	20832	7-San	ly Song Rd
23a. B	BURIAL CREMATION, SPECIFY) BURIAL	REMOVAL	23b. DATE 6/2/			OF HEAVEN	SILVER S	SPRING	MONT	šMb.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

BP.

ottending physicio

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If them 21 is marked or Item 18 shows any

BURIAL 6/2/84 GATE OF H
24. FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

MONT REGISTRAR 25b. REGISTRAR'S SIGNATURE

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and and area		
Maria San Carlo		
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death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

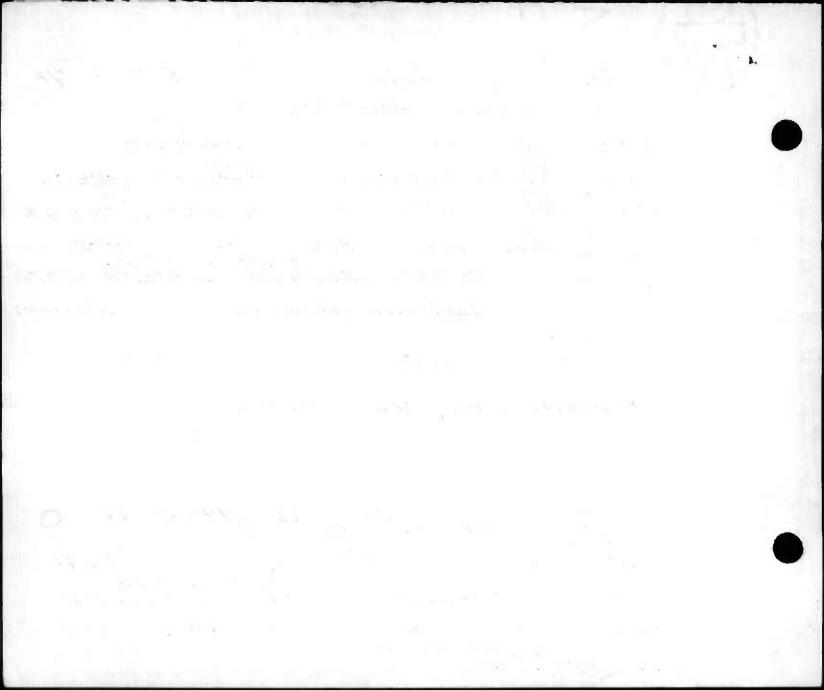
	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		0 7	EG. NO.	40	80	
		CEASED NAME FIRST OR PRINT) James		AIDOLE F.	ishe	AST		2e. DATE OF DEA		25 84	2b. HOUR  7PM	
	3. SEX	Male	4 RACE Caucas	ian (	S. DATE C	er 31, 190		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
5	С	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	United		WIDOWE		ED .		nery Co	unty,	MD.	
1		Wheaton	Rando1p	h Hills N	DDRESS) Vursi:	ng Home		12. USUAL OCCUPATION Material Not of Business Material Not of Working Life Industry Distributor Utility Co.				
	Ma Ma		we or other institution. OUNTY ntgomery	Rockvil	Le	134 INSIDE CITY LI			ress / zip co abb Ave		: 20850	
4		THER'S NAME FIRST  James	Walter	Fisher		Minnie		Lee	DOLE	Lamber		
1		les	S, GIVE WAR OR DATES)	214 03 33	362	Harleen	Daugh Y. Pa		toretille ockville	e, Maryla	and 20850	
	ATION	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CAUSE OF DEATH WAS CAUSE OF DEATH	DUE TO, OF (b)	R AS A CONSEQUE	NCE OF  NCE OF  EATH BUT  SEN		HE TERMIN	NAL DISEASE OR	? 20b. IF Y	SIVEN IN PART 1(o	GS USED	
4	CAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRE		X	TIFYING CAUSES ( YES   8 PART ( OR PART 2)	OF DEATH?	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC )	21f LOCATION STREET		CIT	Y OR TOWN	COUNTY	STATE	
		270. I certify the (I) (in its because the dealer of oliver the dealer oliv	re on the body.		°4_, or	DEGREE ATTEN	DING ICIAN X	MEDICAL DIRECTOR F	STAFF PHYSICIAN []	our and from the c	SIGNED /SY	
	- (1	BURIAL, CREMATION, REMO SPECIFY) Burial	29, 1	lay 23c N 984 Par		emetery or crem.  Memorial	Parl	_	ville_	Mary1		
	_		ert A. Pu le, Maryla		neral	Homes,	25a. PATE	RECTO BY REGIS	RAR 256. REG	STRAR'S SIGNATU	Reindall	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked at 11mm 18 Sour any injury, or other troumotic event, the should be detached for use as the burnel-translings must Then please remove carbon paper with the State Dept. of Health and Minital Hydrene prier to burial, cremation, or removal.

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use us the bus cityrans permit. Then please rem



executed within 24 hours ofter death. Page 4 may be

STATE OF MA	ARYLAND
DEPARTMENT OF HEALTH	AND MENTAL H

YGIENE ...

	1	4	0	8	
REG. NO.					

- STATE REGISTRAR		CERTI	FICATE OF DEATH	8 A REG. N	0.	
1. DECEASED NAME FIRST	MIDDL	E	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	20.110011
Anne	M.	FitzG	erald	May 29,	1984	7:45P.M
3. SEX	4. RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
Female	White	Mar		87	YRS.	
79. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
N.Y.	U.S.A.	WIDOW		Montgomer	У	MD.
10. CITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATI		D OF BUSINESS OR
Rockville	Colling	swood Nursi	ng Home	Treas. Dep	art. W.S.	Govt.
1.00		RESIDENCE BEFORE ADMISSION CITY OR TOWN ash., D. C.	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 5101 Upton	Street, N. V	19499
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAST
	tzGerald	LAST	Mary Jose	ephine Conn	el	LASI
160 WAS DECEASED EVER IN U.S.	CIVE WAR OR DATES	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ILC OTT TIME	ton, D.C.
no	O O	68-09-8331	William T. Har	nnan 5250 Ma	cArthur Bl	vd.N.W.
18 CAUSE OF DEATH (Ente	r anly ane cause per line	far (a), (b), and (c).)			APP BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	Cardi	on ares	*	No	nut-c
4027		VA.CONSEQUENCE OF			,	
Canditians, if any, which		I referrate a	sive outer	os clerkie	- Surk	Lean
gave rise to immediate		A CONSEQUENCE OF				
underlying cause last	1 - W. W 1 W W. P.	A COMSEQUENCE OF				
	NT CONDITIONS CONTI	RIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	rhete	Melling.				
190 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
TE				YES NO	YES	NO [
216. ACCIDENT WAS UNDERLYING	110110 4 14		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)
OR CONTRIBUTING CAUSE O	DEATH	MONTH DAT TEAM				
OR CONTRIBUTING CAUSE OF CAU	21e. PLACE OF II		211 LOCATION	CITY OR TO	wn county	STATE
WHILE D NOT WHILE D	TAT HOME, STREET, F	FACTORY, OFFICE, FARM, ETC )	Sincei			31416
220.1 certify that (1) (this h	aspital) attended the de	ceased fram	19 5	, ta	, 19	_, that (I) (we) last
saw the deceased alive	nat) view the bady afte	r death 19 8 4.	and that in (my) (aur) apinian	death accurred on the de	ate and haur and fram	the causes stated
226. SIGNATURE	0	1	DEGREE			ATE SIGNED
4	D. Le		ATTENDING PHYSICIAN	MEDICAL STAI	IAN Ma	y 30, 198
22d. PHYSICIAN'S NAME (T	PE OR PRINT)	7	22e ADDRESS			
Jack P. S	egal, M.D.		5530 Widc.	Ave., Chevy	Chase, Man	ryland
230. BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d LOCATION	CONNEY	STATE
(SPECIFY) Burial	June 2.1	984 Gate of	Heaven Cem.	Silver Sp	ring, Mont	Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fillind in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event,

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

etained by the hospital ar attending physician

24. FUNERAL DIRECTOR Home 2222Wisc Ave N.W. WASH

BY REGISTRAR 256 REGISTBAR'S SIGNATURE

4 1084 Julia Dandon-Handale 25a. DATE REC'D. JUN

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	rlisión I rudia -all Ocsig ann	T WILLiam L. Hou	F8-20-630		
and and		Ban O. Lycat			
	INF HUMB	Alexander			
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		ALLON, IPAN		. T How.	O41. 1. 16

in by the luneral director, page 3 in tiled within 77 hours after death

deoth. Page 4 may be

			STATE OF MARYLAND		
)	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE B AREG. NO.	4083
		CEASED NAME FIRST MIDDLE CATHERINE E	F. FOHNER	In orthographic	27 84 11 0 M
,	3. SE	Female White	5. DATE OF BIRTH  MONTH DAY YEAR  - 8 23 13	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DATS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN DE CITIZEN OF WHAT V.S.	MARRIED   NEVER MARRIED	Montgome	my County MO.
1	1	alama Pc Wash		12th USUAL OCCUPATION (TYPE OF WORKING LIF	726 KIND OF BUSINESS OR INDUSTRY  US Gov t
5	13a. S	Mc Prince Georges	ITY OR TOWN 13d. INSIDE CITY LIMITS? YES X NO []	13. STREET ADDRESS Pille	1 Lane 715
/		Arthur Mode War	d (Rec) Maya	aret Devli	v (Dec)
2		VAS DECEASED EVER IN U.S. ARMED FORCES?  166 SC  167 YES, NO OR UNKNOWN   (18 YES, GIVE WAR OR DATES)  11 CAUWI	0 CIAL SECURITY NO. 717 INFORMANT PAT		wie, Md. 500 Porsche Ct.
	NOI	Canditions, if any, which gave rise to immediate	CONSEQUENCE OF  CONSEQUENCE OF  EUTING TO DEATH BUT NOT RELATED TO THE TERM	MALDISEASE OR CONDITION GIV	BETWEEN CHIST AND SEATH
2	CERTIFICAT	140. DATE OF OPERATION 146. CONDITION F	OR WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO
1	MEDICAL CES	21s. ACCIDENT WAS UNDOBSTRING   21s. TIME OF INJUI OR CONTINUITING   CALES OF DEATH (IF STIME NOTE) MODEL EARNHER) 21d. NJURY OCCURRED WHILE   SHOT WHILE   AT HOME   SHOT HOME.	ONTH DAY YEAR	ED (WITH NAME OF PROPER WITH A FE	COUNTY STATE
		saw the decepsed alive un 5 V	ATTENDING _	death occurred on the date and house medical STAFF	thou is the last less and from the source stated
L		LEWIS DENNIS MD	831 Universit	ty Blvd., Silver	Spring, Md.
		URIAL, CREMATION, REMOVAL JULIA DATE SPECIFY Burial June 1 19	23. NAME OF CEMETERY OF CREMATORY  84 Gate of Heaven Cem.	Silver Spring,	Maryland STATE

16000 Annapolis Road Bowie, Maryland REGISTRAR 25 PREGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

Beall Funeral Home

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical be detached for use as the burial-transit permit. Then please remove cochangage with the State Dept at Might and Mental Byperen prior to burial, cremation, or removal MPORTANT II then 21 is marked at the Technology on yourself or event,

Prince Geomes R

Bowie, Mt. : Deron aul . Tohner 15500 Porceh

Ogl University blvo., biliver spring, fo.

Burial June 1 1904 Gate of Heaven Cen. Cilver Spring, Maryland Heall uneral nome lowie, Maryland

HH BLOWN

18 shows ony injury, or other troumatic event,

MPORTANT: If Hem 21 is marked or them

## STATE OF MARYLAND

1	STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	10	4 0	8 9
	ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(179	Clare	ence	N.	FI	.agg		5 2	84	6 D.
3. SE	X _	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
	Male	White	е	MONTH 6	10 1903	80		NTHS DAYS	HOURS MIN.
7a. B	BIRTHPLACE (STATE OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?			9. BALTIMORE CITY C	OR COUNTY O	F DEATH	
	Maryland	USZ	Δ	WIDOWE	NEVER MARRIED .	Montgom			
10 0	ITY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPAT	ION		F BUSINESS OR
S	S.S. /		Cross	ADDRESS]		Painter-		INDUSTRY Emplo	5011
USU	JAL RESIDENCE (IF NURSING YOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE					TIIIDTO	yeu
130.	Md. M	lont.	13c CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		Lamba	n Dilea
14. F	ATHER'S NAME		D.D.	-	15. MOTHER'S MAIDEN NAM	12001 C	<u> </u>	LUIIDI	a PIKE
1	Henry	NIDDLE	Flaggs		Power i co	WIDDLE		LAST	
160	WAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU		Bernice	ADDR		Hunte	r
		WAR OR DATES)	218 32	197		~ (Wife) C		~ 7.05	
⊨					Erna Flag	g (wile) S	ame as		MATE INTERVAL
	18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	BY:	line for (a), (b), and		Arrest			BETWEEN	INSET AND DEATH
	111116 IMMEDIATE	CAUSE (a)	Caron	ac 1	TYPLST			14	
1	7190	DUE TO, O	R AS A CONSEQUE	NCE OF	Anto Dive			14	K
	Conditions, if any, which gave rise to immediate	(p)	Coron	any.	rivery vise			3	
	cause (a), stating the underlying cause last.	DUE TO, O	R AS A GONSEOUE	NCE OF	Arteny Disc.	25		4	rs
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONIT PIRITING TO F	EATH BLIT			DITION COURT	DI DADY I	
CERTIFICATION	ART 2 OTTER SIGNIFICANT C	ONDITIONS CO	SINTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART Ito	14
S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W	ERE FINDIN	GS USED
E						YES NO	YES [		NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	TORPART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.		19					
ED									
	21d INJURY OCCURRED	21e PLACE		. Day 516.3	211 LOCATION	CITA DA LO	WN	COUNTY	STATE
>	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	WΝ	COUNTY	STATE
>	WHILE NOT WHILE AT WORK  220   certify that (I) (this haspite	(AT HOME STE	e deceased from	Мат	STREET	ciiy og to			STATE hat (1) (we) last
>	WHILE AT WORK  22a   certify that (1) (this haspite saw the deceased alive an	of tended the March	e deceased fram	Mar	STREET	toMay	2 19.	84	hat (I) (we) last
8	WHILE NOT WHILE AT WORK  220   certify that (I) (this haspite	of tended the March	e deceased fram	Mar , or	STREET  19.84  19.84  d that in (my) (our) opinion d	toMay	2 19.	84	hat (I) (we) last causes stated
~	WHILE AT WORK  720 I certify that (I) (this hospite saw the deceased alive an obove, (I) (we) (did) (did not	of tended the March	e deceased fram	Mar , or	STREET  Ceh 1984  Id that in (my) (our) opinion d	toMay	2	84, t	hat (I) (we) last causes stated
2	WHILE AT WORK  720 I certify that (I) (this hospite saw the deceased alive an obove, (I) (we) (did) (did not	(AT HOME STE bl) offended th March view the body	e deceased fram	Mar , or	street  19.84  Id that in (my) (our) opinion d DEGREE  ATTENDING	. 10 May eath accurred on the do MEDICAL STAI DIRECTOR PHYSIC	2 19. ate and hour an	84 the defend from the co	that (I) (we) last causes stated
2	WHILE NOT WHILE TAT WORK  22a I certify that (I) (this haspin saw the deceased alive an above, (I) (we) (did) (did not 22b SIGNATURE  Muchael	(AT HOME STE bl) offended th March view the body	e deceased fram	Mar , or	STREET  19.84  Id that in (my) (our) opinion d  DEGREE  ATTENDING PHYSICIAN	. 10 May eath accurred on the do MEDICAL STAI DIRECTOR PHYSIC	2 19. ate and hour an	84 the defend from the co	that (I) (we) last causes stated
230	WHILE AT WORK  270 I certify that (I) (this hospite sow the deceased alive an above, (I) (we) (did) (did not 27b SIGNATURE  27d. PHYSICIAN'S NAME I TYPE OR BER AND BURIAL, CREMATION, REMOVAL	(AT HOME STE bl) offended th March view the body	e deceased from 1984 after death	Mar n	STREET  19.84  Id that in (my) (our) opinion d  DEGREE  ATTENDING PHYSICIAN  77e. ADDRESS	. 10 May eath accurred on the do MEDICAL STAI DIRECTOR PHYSIC	2 19. ate and hour an	84 the defend from the co	hat (I) (we) last causes stated SIGNED 84 MD Z8748
230	WHILE ALWORK NOT WHILE ALWORK  170 I certify that (I) (this hospition of the deceased alive anobove, (I) (we) (did) (did not the deceased alive anobove, (I) (we) (did)  12th SIGNATURE  Muchael  12th PHYSICIAN'S NAME (TYPE OR BERLAND)	(AT HOME STE March View the body PRINT)	e deceased from 1984 after death	Mar , or	STREET  STREET  1984  Indicate the tim (my) (our) opinion of the tim (my) (our) opinion of the time (my) (our) opinion of the time (our) opinion of time (our) opinion o	MEDICAL STAI DIRECTOR PHYSIC  AVE CO  23d LOCATION CITYOR TOWN	2 19. and hour on	22c. DATE S	that (I) (we) last causes stated
23a	WHILE ALWORK NOT WHILE ALWORK  270 I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not 27h SIGNATURE  27d. PHYSICIAN'S NAME (TYPE OR BERLAND)  BURIAL, CREMATION, REMOVAL (SPECEY)	(AT HOME STE March March view the body PRINT)	e deceased from 1984 after death	Mar n	STREET  STREET  1984  Indication (my) (our) opinion of opinion opinion of opinion op	MEDICAL STAI DIRECTOR PHYSIC  AVE CO  23d LOCATION CITYOR TOWN	2 19. ate and have an electric file. The control of the contro	84 1 ad from the co	that (I) (we) last causes stated SIGNED 20748

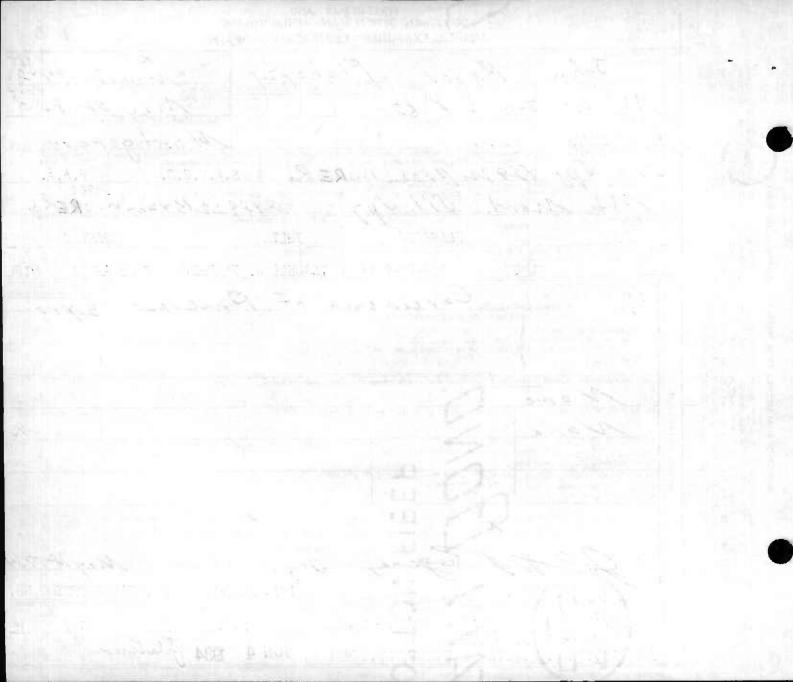
DHMH - 16 50M 4/83 (VRA 15, 4)

Here we will the fitting the part of the second of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-RAL DIRECTOR. OR YOUR FILES. ITHIN 72 HOURS 0 DEATH MATER 4. RACE SEX AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 2 DEAD 19/ 9. BALTIMORE CITY OF COUNTY OF DEATH To. BIRTHPLACE 5R MARRIED NEVER MARRIED FOREIGN COUNTRY! MASSACHUSETTS U.S DIVORCED 00 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) S.A.T.C.S. F.A.A. 2, AND 3TO 3. RETAIN 2 SHOULD BE USUAL RESIDENCE (IF IN 1988 FOR HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 20904 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRES MD. 2120 YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, 2 AAJDDLE SES 1 NND MIDDLE FIRST LAST COAKLEY ROGER FLAHERTY JULIA DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS PAGES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) GIVE ISABELL H. FLAHERTY SAME AS 13 WITH I YES WW 020-10-1776 WIFE IAL - TRANSIT PERMIT. P O MENTAL HYGIENE, DIV. ON. OR REMOVAL. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ITEM 1 ALONG IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Z UTED WITHIN IN PENCIL IN Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF BURIAL lying couse lost CREMATION. USED AS A BURIV MEDICAL PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, THE CHIE YES NO 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OF HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 TIE PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED (AT HOME FORWARDED AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. STATE CITY OF TOWN COUNTY Inspection 220. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted fram: Homicide Undetermined manner Notural causes Accident TITLE (SPECIFY) ACTUAL SIGNATUR MEDICAL EXAMINER 1919 SEMINARY ROAD, SILVER SPRING, MD. ROGERS (TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY STATE BURIAL 6/1/84 GATE OF HEAVEN SILVER SPRING MONT ME 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 500 UNIV. BLVD., W., SILVER SPRING. MD. 20901 (VR A15 ME (5))

20M 4/82

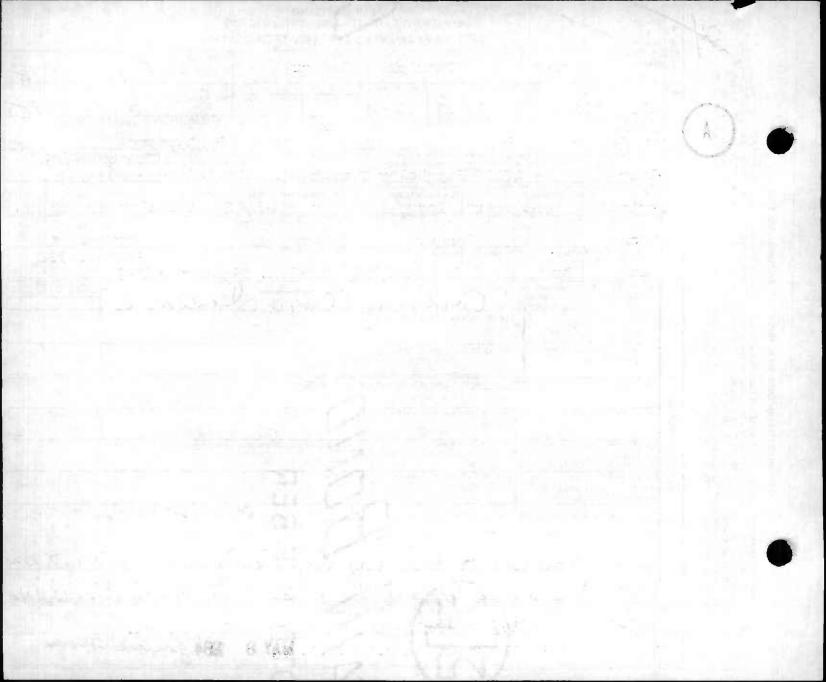
STATE OF MARYLAND



DHMH - 17 (VR A15 ME (5)) 20M 4/B2

PIEASE

1	1-	FOR STATE			STATEPARTMENT OF F	HEALTH	ARYLAND AND MENTAL F ERTIFICATE O	9	THE	1.4	0 9	1	
	1. DEC	REGISTRAR CEASED NAME E OR PRINT)	Eugene		Patrick		lannery	11.54	20. DATE KNOWN OF ESTI- DEATH MATED	1	DAY Y		HOUR 100 M
1		Iale	White	5. DATE OF BIRTH MONTH DAY  3 17  7b. CITIZEN OF WHA	YEAR LAST BIRTHDA	MONTH	DER 1 YR. IF UNDER	MIN	2c. DATE PRONOUNCED DEAD  9. BALTIMORE CIT	MONTH  3	7- 192		HOUR
2	POP	REIGN COUNTRY)  IEW Jei  TY OR TOWN C	rsey	USA	TAL, NURSING HOME	WIDOW		CED	Montgom	nery			MD.
	O USUA	lney	IF IN NURSING HOME OF	(IF NOT IN SUCH FACIL 16236 I	LITY, GIVE STREET ADDRESS)  Batchelor RESIDENCE BEFORE ADMISSION	For	cest Rd.	Phy	JAL OCCUPATION MOST OF WORKING LIFE) VSician-				<b>-</b>
2		TATE  TYLANG  THER'S NAME FIRST	d Mor	ntgomery	Olney		13d. INSIDE (ITY LIMITS?  YES  NO □  15. MOTHER'S MAID!	1623	BET ADDRESS Batch	elor	Fores	st F	Rd.
	16a. W	lugene	EVER IN U.S. ARM	Fla	annery  16b. SOCIAL SECURITY	r NO.	Mary 17. INFORMANT		ADDR		vers	13E	
		Condition gave risc cause (a) lying cous	IMMEDIAT  Is, if any, which e to immediate stating the under- se last.	CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A  (c)	S A CONSEQUENCE O	OF .	OR CONDITION GIVEN IN PA	ART 1 (a).	Jesei	20	BETWEEN	ONSET AN	DEATH
7	MEDICAL CERTIFICATION		L CAUSE WAS	216 TIME OF I	ON FOR WHICH OPER NJURY MONTH DAY YEAR	21c. HC	AS PERFORMED?	ED (ENTER)	NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	20 AUTO YES		10 🛮
)	MEDICAL	21d. INJURY O	OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK	P.M. 21e. PLACE OF	19	211. LO	CATION		CITY OR TOWN	COU	NTY		STATE
1		220. I certifing deoth resulter ACTUAL SIGNATURE EXAMINER'S INTERPRETATION OF PRINCIPLE OF PRINC	Piel	e of the remains described to the remains desc	ibed above, held an Accident	Autop	Homicide (SPECIFY)	Undet	Inquiry D. ermined manner [ ICAL EXAMINER	ond in my opi	ma.	7.0	1984 My
	24. FL	Burial UNERAL DIREC		5/10/84 1180°0°	Arlingt New Hamp	hetery o	Cemetery  25 g DATE	City	CATION ORIGINAL Lington REGISTRAR JOHN	Va Va EGIFRARS SI		STATE	



				STATE OF MARYLAND			
		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B REG. NO		9 2
, in a		CEASED NAME PIRST OR PRINT) Dalto	n Edward	Flynn	2a. DATE OF DEATH A	5-1-84 26	HOUR 146AM
(A)	3. SE	Male	white	S. DATE OF BYSTH  MONTH DAY YEAR  6 - 13 - 16	6 AGE (IN YEARS LAST BIRTH		UNDER 24 HRS OURS MIN. 46
16		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY?  USA	8 MARRIED NEVER MARRIED   WIDOWED DIVORCED	9 BALTIMORECITY OR Montgomery	COUNTY OF DEATH	MD.
of the form	10. C	ty or town of death koma Park	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Adver	IG HOME OR OTHER INSTITUTION ADDRESS)	126. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Farming		BUSINESS OR
Hilled in the State of the Stat	USUA 13a S Ma	AL RESIDENCE (IF NURSING HOME O TATE 136. COU ryland Mont	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS? Spring YES \( \text{NO \( \text{X} \)	13e STREET ADDRESS / 121 Indian	21/1/1/	7
O Phylogenetic			F. Flynn	15. MOTHER'S MAIDEN NA FIRST Hattie	MIDDLE	Garner	
on and s. Pages		(AS DECEASED EVER IN U.S. AI res, no or unknown) (IF yes, Gi No	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 577-26-92			e #13	
that the death certifical  I by the ottending phys sose remove corbon pop sol, cremotion, or remove rother troumotic every		Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	rimone of hu	Septice on Book	Te PUTBURU	
nos been signed permit. Then ples ne prior to buria ws any injury, or ws any injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT PEWEL  19a DATE OF OPERATION	failure.	BUYUW NOT RELATED TO THE TERM SUYUW NOO OPERATION WAS PERFORMED	200 AUTOPSY?	Melo Thems 1 206. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF	
HYSICIAN: The ading physicio phis certificate be burial-transit if Mental Hygie ar Item 8 sho	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		7H LOCATION		TIN ITEM TS PART T OR PART 2)	STATE
R ATTENDING P haspitol or after RECTOR: After the red for use as the red for use as the red 21 is marked	W	sow the deceased alive or	nital) attended the deceased from_	ond that in (my) (on apinion	L. 10 5	1) 87, tho	ot (1) (ve) lost
O HOSPITAL O erained by the TO FUNERAL DI should be detack with the State De MAPORTANT: If It		22d. PHYSICIAN'S NAME (TYPE)	CHACKO	22e ADDRESS	MEDICAL STAFF	Sul 53	2091
BP	1	URIAL, CREMATION, REMOVAI SPECIFY) Urial		NAME OF CEMETERY OR CREMATORY Fairfax Cemetery	23d. LOCATION CITY OR TOWN Fairfax	COUNTY	STATE Va.
HMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR	Francis of ADDRESS	M M	AY 4 1984	Sh BEGISTRAR'S SIGNATUR	

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hong.	1	4	U	1	
REG. NO.		4			

				- IDD-IT		ICATE OF DEATH		REG. NO.	Y YEAR	Las MOND
	CEASED NAME EOR PRINT)	Amos		H.	-	aute_	2a. DATE OF DE	5/08/	184	26. HOUR 9:05
3. SE	X	4.	RACE /	1	5. DATE C		6. AGE (IN YEARS		UNDER I YEAR	IF UNDER 24 H
	Male		Whi	te	6	104/04		YRS.		
70. BI	POLITICAL (STATE (STATE (STATE (STATE (STATE )	SOURI 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	M-1	CITY OR COUNTY C		
10 CI	ITY OR TOWN OF D	EATH 11	NAME OF	HOSPITAL NUIPSIN	WIDOWE	D DIVORCED DIVORCED	12a USUAL OCC	Jilich C	12h KINDO	F BUSINESS
5	silver Spr	eine	W NOT IN SUC	ROSS 9	ADMINESS)	ital		U ENGRAVE		GP0
13a. S	ALRESIDENCE (IFN STATE SYLAND	MONT GON	HERINSTITUTION.	WHEATON	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADD		STREET	20
14. FA	ATHER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA		IDDIE	LAS	I
	CARL		J.	FRAI		MARY		ELLEN		LEE
	WAS DECEASED EV YES NO OR UNKNOWN]	ER IN U.S. ARME		220-26		VIDA B. FRA	NKE	SAME AS	13	WIFE
	Conditions, if o	mmediate	DUE TO O	massi	ENCE OF	actio Eln	lections	Henry	up to	lour
ATION	gove rise to couse (0), sto underlying counderlying counderlying	mmediate ating the use lost.	(c)	R AS A CONSEQUE	ENCE OF  DEATH BUT  Connection	NOT RELATED TO THE TERM	/	Y? 20b. IF YES,	WERE FINDIN	NGS USED
TIFICATION	gove rise to couse (a), sto underlying co	mmediate ating the use lost.	(c)	R AS A CONSEQUE	ENCE OF  DEATH BUT  Connection	La Pleusa Eff	200 AUTOPS	Y? 20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED
CAL CERTIFICATION	gove rise to couse (0), sto underlying counderlying counderlying	immediate string the use lost.  GNIFICANT CONCLUDE RATION  UNDERLYING CAUSE OF DEATH	9b. COND	R AS A CONSEQUE	ENCE OF  DEATH BUT  COPERATION	la Pleusa eff	200 AUTOPS	Y? 20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
MEDICAL CERTIFICATION	gove rise to couse (0), stounderlying counderlying counderlying counderlying 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY WHILE	mmediote ting the use lost.  GNIFICANT CO PULLA  RATION  UNDERLYING   CAUSE OF DEATH EDICAL EXAMINER)	9b. COND 21b. TIME C HOUR A. P. 21e. PLACE	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY M. MONTH D  M.	DEATH BUT  COPERATION  AY YEAR  19	La Pleusa Eff	20g AUTOPS YES N RED (ENTER NATURE	Y? 20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
	gove rise to couse (0), stounderlying counderlying counderlying counderlying 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY WAS AT WORK AT 22a.] certify that sow the december, 14 (we have a bove, 14 (we cobove,	inmediate string the use lost.  GNIFICANT CONTROL OF THE CONTROL OF T	9b. COND 21b. TIME C HOUR A P. 21b. PLACE (AT HOME, ST	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY M. MONTH D.  M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT  COPERATION  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCUR  216. LOCATION STREET  1 30, 1984  d that in (my) (1984) opinion	20g AUTOPS YES N RED (ENTER NATURE)	Y? 20b. IF YES, IN CERTIFY! YES E OF INJURY IN ITEM 18 PAR	WERE FINDING CAUSES  THE COUNTY  COUNTY  and from the	NGS USED OF DEATH? NO  STATE that (we) couses stated
	gove rise to couse (0), sto underlying counderlying counderlying counderlying counderlying.  PART 2 OTHER S  21g. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M 21d. INJURY OCCI  WHILE NOTIFY M 22c. 1 certify that saw the dece	Immediate tring the use lost.  IGNIFICANT COPULAR  RATION  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER  UNDERLYING COMMITTEE COMMITTEE CAUSE OF DEATH EDICAL EXAMINER  UNITED CAUSE OF DEATH EDICAL EXAMINER  UNITED CAUSE OF DEATH EDICAL EXAMINER  UNDERLYING COMMITTEE CAUSE OF DEATH EDICAL EXAMINER  UNDERLYING	9b. COND 21b. TIME C HOUR A P. 21b. PLACE (AT HOME, ST	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY M. MONTH D.  M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT  COPERATION  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET  , 19  d that in (my) (**) opinion DEGREE  ATTENDING PHYSICIAN	20g AUTOPS YES N RED (ENTER NATURE) C death occurred o	Y? 20b. IF YES, IN CERTIFY! YES E OF INJURY IN ITEM 18 PAR	WERE FINDING CAUSES  IT I OF PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE that (we) couses state
	gove rise to couse (0), stounderlying counderlying counderlying counderlying 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY WAS AT WORK AT 22a.] certify that sow the december, 14 (we have a bove, 14 (we cobove,	Immediate thing the use lost.  IGNIFICANT CONCENTION  RATION  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER  UNRED  WHILE CONCENTION  (I) (this hospito rosed alive on cosed al	9b. COND 21b. TIME C HOUR A P. 21c. PLACE (AT HOME, ST	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY M. MONTH D.  M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT  COPERATION  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCUR  216. LOCATION STREET  , 19 and that in (my) (**) opinion DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	200 AUTOPS  YES N  RED (ENTER NATURE)  C  death accurred a  MEDICAL  DIRECTOR	Y? 20b. IF YES, IN CERTIFY! YES E OF INJURY IN ITEM 18 PAR ITY OR TOWN  STAFF PHYSICIAN   AVE. S	WERE FINDING CAUSES  THE COUNTY  COUNTY  and from the	NGS USED OF DEATH? NO  STATE that (we) couses stated
MEDICAL	gove rise to couse (0), sto underlying country of the state of the sta	Immediate thing the use lost.  ISONIFICANT CONTROL OF THE USE OF DEATH EDICAL EXAMINER USE OF DEATH EDICAL EXAMINER USE OF DEATH EDICAL EXAMINER OF THE USE OF THE US	9b. COND 21b. TIME C HOUR A P. 21c. PLACE (AT HOME, ST	R AS A CONSEQUE  ONTRIBUTING TO T  SET INJURY M. MONTH DA  OF INJURY REET, FACTORY, OFFICE, F  ofter death.  PAPE  23c. 1	DEATH BUT  COPERATION  AY YEAR  19  SARM, ETC.)  RM. CONAME OF CO	216. HOW INJURY OCCUR  216. LOCATION STREET  , 19 and that in (my) (**) opinion DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	20g AUTOPS  YES N  RED (ENTER NATURE  death accurred of  MEDICAL DIRECTOR    23d. LOCATIK CITYOR	Y? 20b. IF YES, IN CERTIFY! YES E OF INJURY IN ITEM 18 PAR ITY OR TOWN  STAFF PHYSICIAN   AVE. S	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO  STATE that (we) couses state

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

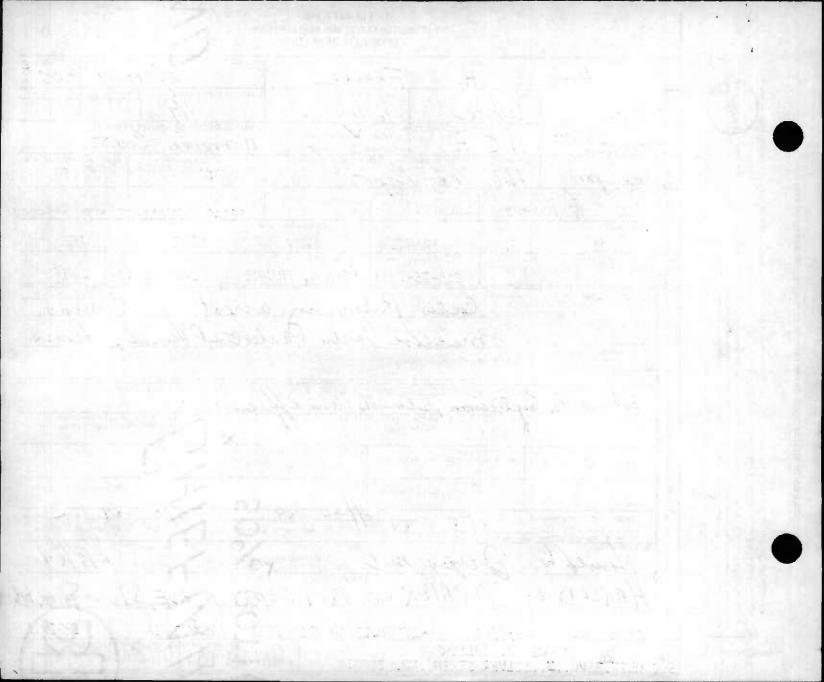
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral phose detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

retained by the haspital or attending physician.

FRANCIS J. COLLINS. RESS D. W. SILVER SPRING, MD. 20901 500 UNIV. BLVD.

MAY 1 4 1984 Julia Davidson Randalle



1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLANI MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE O	4094
	ECEASED NAME FIRST PE OR PRINT)  ADEU	MIDDLE E	I I E M MAI	20. DATE OF DEATH MONTH	DAY YEAR 126 HOUR
3. SE		White	S. DATE OF BIRTH MONTH DAY NOV. 1. 189		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
R	Roumania	U.S.A.	MARRIED   NEVER MAI	RCED   MONTGON	IERY MD.
18	ETHESDA	1) NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SUBUR BAN	HOSPITAL	UTION 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOMEMAKET	(ING LIFE) 126. KIND OF BUSINESS OR INDUSTRY  Home
13a Ma			Spring YES XX N	∘□ 1400 Fenwick	
2	David	Bercov		ca MIDDLE	Liebowitz
1	WAS DECEASED EVER IN U.S. ARA [YES, NO OR UNKNOWN] (IF YES, GIVE 	MED FORCES? 16b. SOCIAL SEC WAR OR DATES) 579–07–		Röckvil Friedman: 1700 Wil	
	18 CAUSE OF DEATH (Enter only PART I. DE ATH WAS CAUSED IMMEDIATE	y one couse per line for 10), (b), o BY: CAUSE (o)	scrola con	GESTIVE FENER F	
	Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEON  (b) CONCON  DUE TO, OR AS A CONSEON	ARTERLY	DIJEDIE AM	YEARS -
Z.	PART 2 OTHER SIGNIFICANT CO	(c)ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORM		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \bigcup \text{NO} \)
4	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)			RY OCCURRED (ENTER NATURE OF INJURY IN IT	M IB PART I OR PART 2}
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspite saw the deceased alive on	al) oftended the deceosed from 5/12/84		19, to	d hour and from the causes stated

22c. DATE SIGNED

5/13/84

POTOMAC, MP.

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

Fall's Church; Fairfax; Va. 11 23b. DATE 5/16/84 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL
BUTIAL King David Mem. Gdn. 1170 Rockville Pike; Rockville, Md. 20852

MAY 1 8 1984

MARTINEZ, L

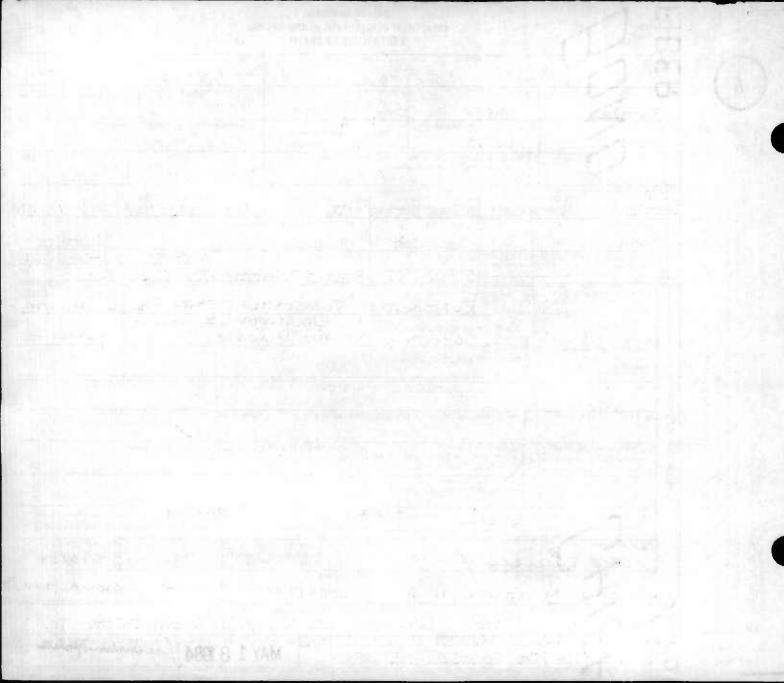
DEGREE

22e. ADDRESS

8088

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:



TAUBER, DEPU

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KEGISTRAR					TAIL OF PLATE		REG. N	0.		
1. DECEASED NAME	FIR51		MIDDLE		LAST	20 DATE	OF DEATH	MONTH D	DAY YEAR	2b. HOUR
(TIPE OR PRINT)	Edna	Fa	irbanks	Ga	llup		]	May 12	1984	3:30 a M
3 SEX	1000	4. RACE		5 DATE	OF BIRTH	6 AGE (I	N YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
Femal e		White		Mann			85	YRS	AONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE (			WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED			R COUNTY		
Massac huse		U.S.A		WIDOW	EDX DIVORCED	Me	ontgon	nery C	county	MD
Rockville		199 Ro	lins Aver		729		OCCUPAT ORK FOR MOST OF SEWIFE	ION DE WORKING LIFE	12b. KIND C INDUSTRY Hom	OF BUSINESS OR Le
USUAL RESIDENCE (# NI 130 STATE Maryl and		other institution TY gomery	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  Rockville	V	134 INSIDE CITY LIMITS? YES K NO	13 STREE	LADDRESS Rollin	s Aven	ue #729	9 20852
14 FATHER'S NAME Charle	S .	w.	Fairban	ıks	15 MOTHER'S MAIDEN N Catheri		WIDDLE		Boy	ÿle
(YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	137-03		Frederick S	. Gallı	ap, Jr.	8432	Fox R mac, N	un Md. 2085
18 CAUSE OF DE	ATH (Enter onl	y one couse per	line for (o), (b), and	Ich					APPROX BETWEEN	ONSET AND DEATH
PART I. DEATH		CAUSE (o)	CARDI	AC A	RREST					
Conditions, if or gove rise to i couse (0), sto underlying cou	mmediate ting the	(b)	R AS A CONSEQUE	ONAK NCE OF	ES MELLITU		1sē			YEARS EARS
	GNIFICANT C	ONDITIONS CO			NOT RELATED TO THE TER		ASE OR CON	DITION GIVE	EN IN PART 1	a
190 DATE OF OPER	RATION	196 COND	TION FOR WHICH	OPERATIC	N WAS PERFORMED	20a AU	TOPSY?		, WERE FINDI	
OR CONTRACTOR	CAUSE OF DEAT		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
VIE EITHER NOTIFY MI  21d. INJURY OCCU		21e PLACE		19 IRM, ETC )	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
22a. I certify that sow the dece above, (1).(we	ased alive on	ol) ottended th	MAY 10 8		NEMBER, 19 81 and that in (my) (our) opinion		z MAY red on the d	ote and hour		that (I) (we) lost
22h SIONATURE	und	2n	MS		DEGREE ATTENDING PHYSICIAN	MEDICA	L STA			SIGNED LAY 8 4
22d. PHYSICIAN'S ROMA	1/	/	EN, M.D.		NAVAC HOS	PITAL	BEN	ESDA,	MARK	AND 2081
230 BURIAL, CREMATION	N, REMOVAL	236. DATE 5/14	121		EMETERY OR CREMATORY	23d. LO		itland	Marv	land STATE

Cedar Hill Cremator

DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR: After this

1331 Rockville Pike Rockville, Maryland 20852

Suitland, Maryland STATE REGISTRAR 256 REGISTRAR'S SIGNATURE

OR: NEET DE Ve			In 3 / winge.	nie est	
		0001 0	VIII A	$\epsilon$ . $\blacksquare$	c I c
vjjano vge	ing to				Jean Carme
5/10	eilleandl		ATT 6006VA Rol	Thou service	ellivites
007 006	neifles agr		etii. so	16 1 1 0	hou Iyaa
cico	6		Maintain	.N.	e T
	.5- (0)12	. 61:6 63		mark tiller, statisterina bridglend bridg nav	0%
AW SEE	بالرام الأدارة	. Vealet	Kalifornia Sal		
			Carterior State		

174/84 John 2011 1848 1841

Tell accounts its convente, more londered

Suitland, Statutors

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayal.

injury, or ather traumatic event.

MPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2							
CERTIFICATE OF DEATH	€							

1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	1	40	96
(TYPE	CEASED NAME	elius		F.	G	alvin Jr.	0	5 - 14	1- 84	26. HOUR
3. SE	Male		White	4.56	5. DATE C	g. 28, 1924	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATEORI		USA	WHAT COUNTRY?	8. MARRIEI WIDOWE		9. BALTIMORE CITY O Montgom		OF DEATH	M
R	TY OR TOWN OF DEA	4	HAD IN SUC	FACILITY, GIVE STREET	DDRESS)	PROTHER INSTITUTION	120. USUAL OCCUPATION OF WRELIE		12b, KIND O INDUATRY	T & T
130. S	at residence (# nurs state [aryland	13b. COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOWN ROCKVIL		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	9 Crothers	Court	20852	2
14. FA	Cornelius	Ĭ	DDLE	Galvin	, Sr.	Margaret	T <b>r</b> en	e	Mysl	hriall
	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SECU 026-16-5		Nellie B. Ga	lvin same as			
	PART I. DEATH W. 4310 Conditions, if ony, gove rise to improve (o), stotin underlying couse	MMEDIATE  which mediate ig the lost.	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF	andry I de	A Sound		4	MAZIE INTERVAL ONSET AND DEATH  CLASSIC
MEDICAL CERTIFICATION	190 DATE OF OPERA  190 DATE OF OPERA  210, ACCIDENT WAS UNI OR CONTRIBUTING (IF ETIMER, NOTIFY MED) 21d. INJURY OCCUR!  WHILE AT WO  220.   certify that (I) sow the decess.	DERLYING CAUSE OF DEAT CAL EXAMINER) RED REC (His hospite ed dive on _	196. CONDI  CEL  216. TIME O HOUR A P.,  216. PLACE ( (AT HOME, STR	TION FOR WHICH  LACTORY  FINJURY  M. MONTH DA  M.  OF INJURY  BET. FACTORY, OFFICE, FACTORY  Bedeceosed from  19	OPERATIO POPERATION AY YEAR 19	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCURS  211. LOCATION  STREET  19  10 that in (my) (cor) opinion of	200 AUTOPSY?  YES NOTER NATURE OF INJURE  CITY OR TO	20b. IF YES, IN CERTIFY YES IY IN ITEM 18 PAI	WERE FIND IN ING CAUSES  THE COUNTY  THE COUNTY	NGS USED OF DEATH? NO  STATE
	obove, (I) (Not the 22b. SIGNATURE	ila	1/1	ofter death.	9	22e. ADDRESS	MEDICAL STAF		270. DATE 5-	SIGNED 14-24 Nd.
23a. I	BURIAL, CREMATION, (SPECIFY Burial	REMOVAL	23b. DATE 5/18/	'84 23c. N	Gate of	of Heaven Cem	etery CITY OR TSILV	er Spr	ing, M	aryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

<sup>24 FUNERALD</sup> TYSOn Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NO.

ESELECTION OF Aviana in the restort a etimes to the solution logneling E. Calvis, St. Americat ore - 1288 Fellis P. Friyin car o = 180 Ladin La company of the company of t troi, conville 1 e, conville, 6. 000

# STATE OF MARYLAND

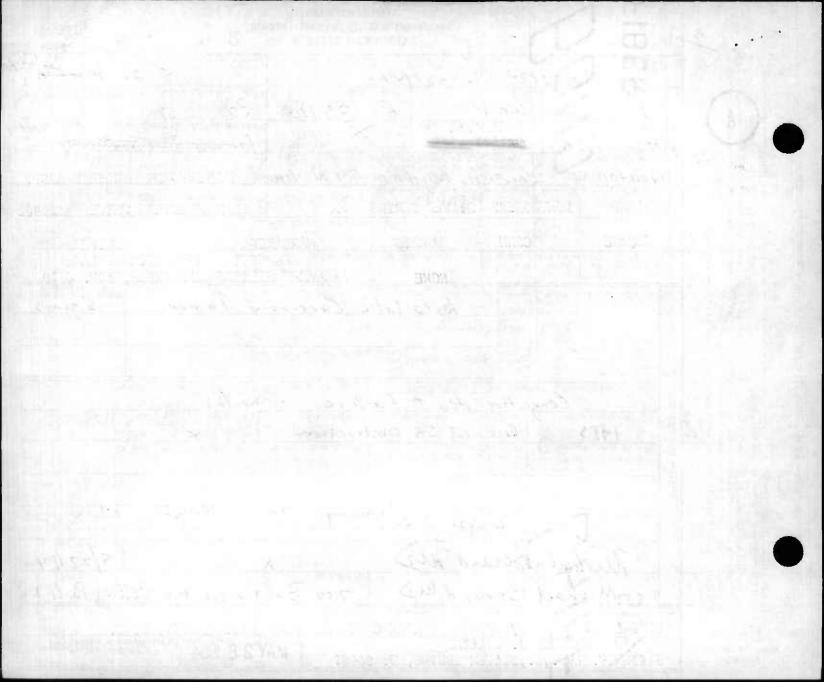
8 4 1 4 0 9	1
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-	4.	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 G NO.	14097
		CEASED NAME	^ /	N. Garner	AST • DE BIRTH	2a DATE OF DEATH MO	TOTAL DAY YEAR 2b. HOUR 25 AVENUE AVENUE AVENUE TYPE AVENUE THE STATE OF UNDER 24 HRS.
	1	F.	whit			.2.1.	MONTHS DAYS HOURS MIN.
2	1000	HSburg 1	PA. HATE	MARRIEI WIDOWE	D DIVORCED	Prince 6	COURS COURTY MD.
1	bl	WENCH	U- UNIVECS	HEAGILITY, GIVE STREET ADDRESS)	901 Arcolage	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMAK	ORKING LIFE) INDUSTRY
5	MA	RYLAND	136 COUNTY MONTGOMERY	GIVE RESIDENCE OF FORE ADMISSION) 136 CITY OR TOWN SILVER SPRING		13e.STREET ADDRESS / Z 2303 HOMES	
1	A FA	GEORGE	CONN	NORRIS	15 MOTHER'S MAIDEN NAM FIRST MARGAR	ET	WHITE
,		VAS DECEASED EVER res, no or unknown)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	NONE	MARGARET G		HICKORY LANE ARBOR, MICH. 48104
		PART I. DEATH W  Canditians, if any, gave rise to imm cause (a), statin underlying cause	DUE TO, OI  which (b) (b) DUE TO, OF	Metastat R AS A CONSEQUENCE OF	ic Carcino	J Tumor	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH  S YLALS
2	CERTIFICATION	PART 2 OTHER SIGN	Congestive	Heart Fa	NOT RELATED TO THE TERMI NEW YEAR NEW TO THE THE TERMINATION OF T	nunths	ION GIVEN IN PART 110.  10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
1	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR)	CAUSE OF DEATH  CALEXAMINER)  P.J.  RED  21e. PLACE ( (AT HOME, STR	M. MONTH DAY YEAR M. 19	216 HOW INJURY OCCURRI 216 LOCATION STREET	ED {ENTER NATURE OF INJURY IF	
		saw the decease	(this haspital) attended the	y 21 19 84 Nar	DEGREE ATTENDING	MEDICAL STAFF	and haur and from the causes stated  22c. DATE SIGNED
		22d. PHYSICIAN'S N.	hael Beri	ard, and	PHYSICIAN A 27e ADDRESS 7100 Bal	timore Au	e College Park Md
	1	BURTAL	5/23/8	84 ROCK C	REEK CEMETERY	23d. LOCATION CITY OF TOWN WASHINGTON	
			RANCIS J. COL LVD.,W.,SILVE	LINS ER SPRING, MD.	20901 250 MA	Y 2 8 1984	REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If them 21 is marked or

TO HOSPITAL OR ATTENDING PHYSICIAN, The reserved by the hospital or otherding physician



FOR			
TATE			

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.	4	U	9	8
OF DEATH	44/04/214	DAY	VE +D	101 110	2110

REGISTRAR				CERTIF	CATE OF DE	ATH	REG.	NO.	4 0	, 0
1. DECEASED NAME	FIRST	A	NDDLE	L/	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	James	Mitc	hell	Gan	rison	Jr.	Ma	y 14,	1984	11:00P
3. SEX		4. RACE		5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
/ Male		Caucasi	an	Apri		9 2 7	57	YRS	MONINS DATS	HOURS MIN.
O BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	VHAT COUNTRY?		XX NEVER MA	APPIED T	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
Kentuck	7	United	States	WIDOWE	DIV	ORCED	Montg	omery	County,	M
O. CITY OR TOWN OF D	EATH		OSPITAL, NURSIN		R OTHER INSTIT	UTION	120 USUAL OCCUPA	TOF WORKING	12b. KIND C	OF BUSINESS OF
Rockville		14404 B	riarwood	Terra	ace		Progra	mmer	LIFE) INDUSTRY.	tro
STATE	IRSING HOME OR	other institution.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRES	S / ZIP COI	DE G	9446
New Mexic			1buquer			NO 🗌	11216 C			87111
IT FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	WIDDIE		LA	ST
James	Μ.	. G	arrisor	ı Sr.			ritte		Po	ogue
160 WAS DECEASED EV		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17. INFORMAN	W.T.	te	RESS		
(YES, NO OR UNKNOWN)		ea	508 20	2959	Dann	a C.	Garrison	Same		em 13
18. CAUSE OF DE			line for (a), (b), an	dice						ONSET AND DEATH
PART I. DEATH		E CAUSE (0)	ENTRICULAR	TACH	111909111	- ATRI	AL FIRMILLA	1180	WII	NUTRA
4259	4254 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which (b) COMBTILE CIRDIOMIO PATHY								61	routh
	e rise to immediate  (e (o), stating the  DUE TO, OR AS A CONSEQUENCE OF  Prlying cause lost.  Than be Min Dathy								A. a.a.a.	
underlying couse lost. (c) MODATHIC CHAP TO MIO PATHY								11	iluth2	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
§ 60	rugur		NOO LIC	1400B	-			Too on a		
190 DATE OF OPEN	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDI FIFYING CAUSES	
RITE					In manning		YES NO		YES 🗌	NO 🗌
On CONTRACTOR		TH HOUR A.	M. MONTH D	AY YEAR	ZIC HOW INJU	JRY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
(IF EITHER NOTIFY M				19						15.5
GETHER NOTIFY M  21d IN JURY OCCU		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION	4	CITY OR	TOWN	COUNTY	STATE
MILE NO	WHILE D			***			- 10		1011	
220.1 certify that	(I) (this hospi	tol) attended the	deceosed from	MAIN	13	19 24	, to 4 1 a		,	that (1) (we) los
obove, (I) (we	osed olive on ) (did) (did no	t) view the bode	atter death.			our) opinion d	leoth occurred on the	dote and ha		
22b. SIGNATURE		(3	1		DEGREE	TENDING	MEDICAL SI	AFE	22c. DATE	
			THANK				MEDICAL ST DIRECTOR PHY			15,1984
22d. PHYSICIAN'S	NAME (TYPE O	R PRINT	1/4		22e ADDRESS	13-1	5 E. Deer	Park I	Drive, i	<i>‡</i> 102
		s, M.D.	1			Gaitl	hersburg,	Maryla	and	
230. BURIAL, CREMATIO					METERY OR CE		236 LOCATION	11	COUNTY	STATE
Buri		21, 19			n Natio				Virginia	a
24. FUNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRA	<b>N</b>		
HOME	S,P.A	., ROCK	VILLE, M	ARYLA	AND	<b>IMAY</b>	2.1 1984	Tilia Do	avidson-R	maron

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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# STATE OF MARYLAND

8	REG. NO.	i	4	ch Ayang	0	Aller to

1	FOR STATE REGISTRAR			DEPARTM		ICATE OF DEATH	IENE 8 41 REG. NO	o	4 1	0	0
	CEASED NAME	FIRST	,	MIDDLE	Ł.	AST	20 DATE OF DEATH	MONTH D	PAY YEAR	2b. HOU	IR
TITPE	E OR PRINT)	EVELYN			GE	ERBER	MAY	23,	1984	10:3	OAM
3 SE	X	4 RAC	Œ		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	# UNDER I YEAR	IF UNDER	24 HRS
FE	EMALE	Wt	HITE	NO.	TANI	IARV 28 1911	73	YRS.	AONTHS DAYS	HOURS	MIN
3	ISSIA		S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	_	RY COUN	ITY	MD.
	ILVER SPRIN	4.00		ROSS HOSP		OR OTHER INSTITUTION	170 USUAL OCCUPATION TO MERCHANT			CERY	
USU MA	AL RESIDENCE LIF NURS STATE RYLAND	MONT GOME		GIVE RESIDENCE BEFORE SILVER SP		134. INSIDE CITY LIMITS?	130. STREET ADDRESS EAS	T WES	zip T HIGHW	209 UAY	10
1	ERYL FIRST	MIDDLE		KREISËL		15. MOTHER'S MAIDEN NAM	WIDDEE	26 P.T.	BOBEC	K	
NE NE	WAS DECEASED EVER	IN U.S. ARMED F		212-52-05		BEATRICE ROSE			SPARK L MARVLAN		
	Canditians, if any, gave rise to improve cause (a), stating underlying cause	, which nediate ag the last.	(b) UE TO, O	R AS A CONSEQUE	NCE OF	Jasculon	amdi	<i>-</i>			
NOI	PART 2 OTHER SIGN	NIFICANT COND	IT10NS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM					
CERTIFICATION	19a DATE OF OPERA	TION	6 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES		TH?
	210, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	Ib. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PA	ART I OR PART 2)		
MEDICAL	WHILE TO NOT W			ARM, ETC.)	216 LOCATION STREET	CITY OR TOV	M	COUNTY	ST	TATE	
	22a.1 certify that (1) saw the decease abave, (1) (we) (		5	-23 19 8	-4.01	nd that in (my) (aur) apinion o	, tadeath accurred an the do	-23 I	and from the	that (I) (v	
	226. SIGNATURE	18 a	de	W	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		DATE 5	SIGNED 24	84
	DD GT	AME (TYPE OR PRINT)	CHCL	INIED II 1	1	22e ADDRESS 11161	NEW HAMPSHI	RE AV	ENUE	1	
	110 (11)	BEVIE	111111	(DI ← (/ 0/1 )	1	4					

23c NAME OF CEMETERY OR CREMATORY

DHMH-16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

(VRA 15, 4) 1/79 WASHINGTON.

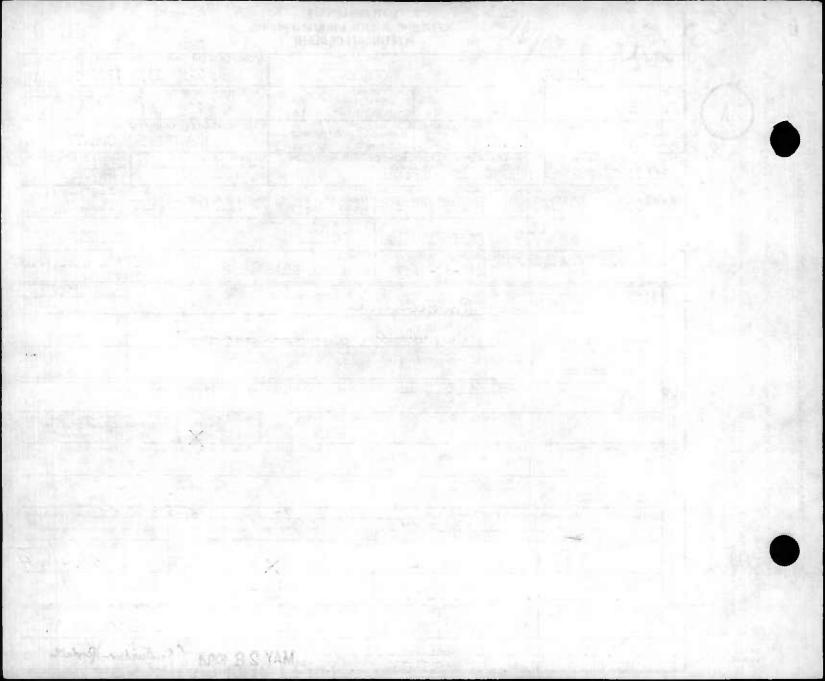
230 BURIAL, CREMATION, REMOVAL BURIAL

SPRING MARVIAND 20904

TEST TO THE PRINCE OF MAY 25,1984 MOUNT LEBANON CEMETERY MAY 28 1094 P. Davidson-Andree

HEBREW MEMORIAL FUNERAL HOME

236. DATE



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physician on popers.

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After this certificate has been r use as the burial-transit permit. Health and Mental Hygiene prior

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# STATE OF MARYLAND

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-	REG. NO.

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	STATE REGISTRAR			OF HEALTH AND MENTAL HY	B 4 REG. NO.	4 1 0 1
	1. DECEASED NAME (TYPE OR PRINT) () AR	1	Vernon GE	ESSFORd	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 0910 M
	3. SEX	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
,	Male	White	2	vember 7, 1901	82 YRS	
1	Ta BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
1	Washington, D	. C. U.S.	1	OWED DIVORCED	Montgomeru	MD
100	10. CITY OR TOWN OF DEAT		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR GLIFE) INDUSTRY
1	Rockville	Shady	GLOVE Advent	ist Hospital	Secretary	Car Dealershi
1		G HOME OR OTHER INSTITUTION  36 COUNTY  ONTGOMERY  (	GIVE RESIDENCE BEFORE ADMISS 134 CITY OR TOWN Saithers burg	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 301 Russell Av	DDE DACAL
ď	14 FATHER'S NAME	MIDDLE	IASY	IS MOTHER'S MAIDEN NA		1241
P	Harry	L.	Gessford	Katherine	Modit	Koehler
	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	577-03-7366		er 23605 Eli L	

CAUSE OF DEATH (Enter only one couse per ling for its) PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate course lot, stating underlying count

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

rune

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 21b. TIME OF INJURY

HOUR A.M.

P.M

21e PLACE OF INJURY

200 AUTOPSY? NOL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

CERTIFICATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CRUSE OF BEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED

CITY OR TOWN

AT HOME, STREET FACTORY, DESICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

21f. LOCATION

COUNTY that (I) (we) last

taw the deceased olive on above. (If the) (did) (did not view the body after death and that in (my) (ear) apinion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE

MEDICAL ATTENDING STAFF DIRECTOR | PHYSICIAN | DAME SIGNED

STATE

22e ADDRESS

Suitland

STATE

BP.

232 Carroll Street, N. W. (VRA 15, 4)

CREMATION 5/8/1984 Cedar Hill Crematory
24. FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F. H 250 DATE Washington, D. C

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

should be detach with the State De

IMPORTANT

A Colombia to the colombia to

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

etained by the hospital or attending physician.

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completel should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages hand 2 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shear any injury, or other troumotic event, the

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# STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE

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	0	REG. NO.	2	1	3		Gu

ı	1 -	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	1 4 0 4	
		CEASED NAME OR PRINT)	FRST ARY F10	rence 6186	30 NS	5-4-84	NTH DAY YEAR 26. HOUR	M
200			4. RACE	WHAT COUNTRY? 8. MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OR C	MONTHS DAYS HOURS MIN.	
		TY OR TOWN OF DEA	ATH 11. NAME OF	HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	126. KIND OF BUSINESS OF	
1	USUA	al residence (if nurs	a Beth	SOA HEA		Homemake	orking life) INDUSTRY HOME	_
		aryland	Montgomer	y Bethesda	YES PO [	9908 Edwar	rd Avenue 20814	
1	14. FA	THER'S NAME Edwa 1	rd MIDDLE I	McIntyre	15. MOTHER'S MAIDEN NA Mary	Änn	McHugh	
		VAS DECEASED EVER ES. NO PRUNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	577 30 0498	1	F. Macker S		
	CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), statir underlying couse	which (b) mediate and the lost. (c) NIEICANT CONDITIONS (	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OUT OF THE BUTTON FOR WHICH OPERATION	ARDIAL SO		ALWEY HOURS  2 WEEKS	
,	MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING [ ] (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR WHILE NOTIFY HOT 220.1 certify that (I) sow the deceas above, (I) (was) 220.5 SIGNATURE	CAUSE OF DEATH HOUR ACCAL EXAMINER)  RED 21e. PLAC (AT HOME. S  (this hospital) attended and seed alive an	4 19 84	21f. LOCATION STREET  3 and that in (my) to pinion DEGREE		COUNTY STATE  , 19, that (II (We) Too and hour and from the causes stated  22c DATE SIGNED	st
	230. B	224 PHYSICIAN'S N.	# D. Co		27e ADDRESS 9420 OLD CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN  BUTTON  23d. LOCATION	10 MAY 4 198	チェ チェー
		urial, cremation, specify) Buria; uneral director p HOMES, P	ROBERT A .A., BETHES	D	of Heaven NERAL	Silver Silver Silver Silver Silver	Spring, Maryland Registrar's sign April	L

DHMH - 16 50M 4/B2 (VRA 15, 4)

RESPECTORES ARREST 10 NO NO HOLL The said the water with the said of the said of the HYDELARDIAL IS THEN IN THE THE LE CHE WHITE DE STREET A PART OF YAME OF EAST TENANT AT THE ACTION OF THE PART OF THE PAR

DEPART

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 A REG. N	10.	4	200	0	3
LAST	26. DATE OF DEATH	MONTH	DAY	YEAR	2h HOI	JR
Gilson	May	24,	1984		5:	15
L DATE OF BIDTH	A ACE CINIVEADS LAST BE	PTHEAM	IF LINDS	PIVEAR	IE LINDE	221 MDS

- STATE REGISTRAR MIDDLE . DECEASED NAME FIRST CTYPE OR PRINT Catherine J. 4. RACE Female White March 1909 To. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Montgomery Washington. DC USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 3355 University Blvd., West Kensington Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? MD Montgomery Kensington 3355 University Blvd. W./20895 YES K NO [ 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLI Pericles Smyrnas Anna 16g WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 11208 FMitscher St. 578-30-5865 Jean G. Runfola, Kensington, MD 20895 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21b. TIME OF INJURY 218. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (17 (this hospital) attended the deceased from sow the deceased give on 5 23, above. (1) (we) (did (did not) view the body offer depth (our) pointon death accurred on the date and hour and from the causes stated 22b. SIGNATION DEGREE

77e ADDRESS

ATTENDING

PHYSICIAN F

5530 Wisconsin Ave., Chevy Chase, MD 20815

STAFF

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 5/29/84

23c NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park

23d LOCATION

DIRECTOR PHYSICIAN

MEDICAL

Rockville, Maryland

22c DATE SIGNED

May 25, 1984

COUNTY

STATE

12b. KIND OF BUSINESS OR

Own Home

Chaconas

**INDUSTRY** 

24 FUNERAL DIRECTOR

FOR

Joseph Gawler's Sons. Inc. 5130 Wisc. Ave. N.W. Wash., DC 20016 250, DATE REC'D. BY REGISTRAY 250, REGISTRAY'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

months of entrance And the continues and the golden ton , but the bird birds and horse in the second transfer of the second transfer .dy remove to the co a suitability The StR-30-5865 Cook U. Bundala, Legarin-ton, Mil 2053 S. C. T. F. C. Ser Ageomain No., have Times, 10 20818 5/29/24 | Darklaum Fescrist Park | Footed Lo, Parkland

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# STATE OF MARYLAND

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F DEATH		0.11 - 4	WE AD	Tat 440	

1	STATE REGISTRAR				ATE OF DEATH	8 4	G. NO.	4	0 4
	CEASED NAME AR	Marie "	D.	GW	iunta	20. DATE OF DEAT	H5 MONTH 15	DAY 84 YEAR	2b HOUR
3. SE	х	4 RACE	5.	DATE OF I	BIRTH YEAR	6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
-	Female	Caucasi	an 1	Mar.	13, 1914	7	O YRS.		Mar.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY? 8	ARRIED [	NEVER MARRIED	9 BALTIMORE CI	Y OR COUNTY	OF DEATH	
	Pennsylvania	U.S.A		DOWED[		Montgo	mery Co.		MD.
	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING H FACILITY, GIVE STREET ADDR	ESS)	OTHER INSTITUTION	12a USUAL OCCU	OST OF WORKING LIF	C. INDLICTOR	F BUSINESS OR
	ilver Spring AL RESIDENCE (IF NURSING HOME		Cross Hosp			Hairdre	sser	Owner	Beauty Shop
13a.	STATE 13b. CC		13c. CITY OR TOWN	13		13e. STREET ADDR		2	1895
		ntgomery	Kensingto		YES NO X		arroll 1	Place	
14 F	ATHER'S NAME EIRST	WIDDLE	LAST	13	5. MOTHER'S MAIDEN NAM FIRST	WIDE	DLE	LAST	
14	Ernest	ADVISO SOCIESA	Nardini		Carmine		DDRESS	(unk	known)
. (	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	16b. SOCIAL SECURITY			(son)		10	
No			192-03-23	3/ N	Martin J. Giu	into, Jr.	Same as		
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per l JSED BY:	ine for (o) (o) ond (c)	. )	1	11000	A	BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMED	NATE CAUSE (0)	andre	-	lexings of	gren	<del></del>	387	
	7272	DUE TO, 9	AS A CONSEQUENCE	Ri.	all all town	1 -6	200	VB	-
	Conditions, if any, which gave rise to immediate	(b)_[[	y unitoless	1	- Conflict	ugn Co.	- Park	-	
ġ.	couse (o), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF			OF				/	
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 110	
NO								2.1,11111111111111	
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
TIE						YES NO		YING CAUSES	NO [
	210. ACCIDENT WAS UNDERLYING	110.00		YEAR 2	11c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH		19					
(ED)	21d. INJURY OCCURRED	21e PLACE C	F INJURY ET, FACTORY, OFFICE, FARM.		II LOCATION	CITY	ORTOWN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK		<i>C</i>	-/	1 00	1	1	0	
	22a. I certify that this ho			Ohn	10,19/	10 W/0	17	1987 . 1	that (I) (we) lost
14	staw the decreased alive	not view the body o	fter death.	, on	hat m [my (our) opinion d	deoth occurred on the	ne date and hou	r and from the c	couses stoted
	22h SIGNATURE	19		DEC	GREE		67.455	22c. DATE S	IGNED
	100 gimin	thru	no M			MEDICAL DIRECTOR   PH	STAFF YSICIAN [	15-11-	5.9
-	THE PHYSICIAN'S NAME (TYPE	PE OR RIN	fler.	0 2	20 ADDRESS	7 15. st	1001	a M	10.06
	1 JENON	min -	HRWING	7	100 M	may my	yre 1	100,1%	1.0055
23a. l	BURIAL, CREMATION, REMOV				ETERY OR CREMATORY	23d LOCATION	N	COUNTY	STATE
24 5	Burial UNERAL DIRECTOR	May 19,	1984 Mt.	Carme			Hills, I		105
29 P		anal Com	ADDRESS 11	Cher	cch, VA MAY	PEC'D. BY REGIST	Julia Davi	AAR'S SIGNATU	Lebe "
	Capitor run	Erar DELA	rce, rails	Gilal	CII, VA IIIII	4 C DU4	1		1

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Ite (14) 8 shows any injury, or other troumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

etained by the hospital or attending physicion.

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	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. In the Haspital or attending obvision.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the luneral directions should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages, I and 2 filled within 72 again after most with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1-	FOR STATE REGISTRAR	DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 4 REG. NO	0.	4 1	0 5
		CEASED NAME FIRST OSCI			20 DATE OF DEATH	MONTH S	2-84	S-OBP M	
	3. SE	X	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
		Male	White	Augus	t 23, 1910	73	YRS.		MIV.
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MAPRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY		
6/7		New York	U. S. A.	WIDOWE	D □ DIVORCEDXX	MONT	601	HERY	MD.
KIN	-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		PROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS OR
10		OCKULLE	Hebrew Home of G	reate	r Washington	Marketing	1	Hecht	Company
PL	13a. S	AL RESIDENCE (IF NURSING HOME OF		٧	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		. ///	1852
ine	14 FA	ryland Monto	,		15 MOTHER'S MAIDEN NAM	ΛE	SE RU		7 - 7
多/		Adolph	Gold		Anna	MIDDLE		Eis	ner
medica	(	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 577-05-39		Ms. Sydney G	8811 Co	Sprin	lle Roa g. Maru	d, land
or other traumatic event		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DBY:  DUE TO, OB S A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  (c)	iae	acely;	y acre thuis least de	iscons	Suc	ldeu
ury, o	z	7	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO 📉	IN CERTIF	, WERE FINDIN YING CAUSES S	
tem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ARI I ORPART 2)	
rked or 1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (LAT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mo		saw the deceased alive or	ifal) attended the deceased from	4, on	d that in (my) ( <del>out)</del> apinion o	, to	ote and hou		that ## (we) last causes stated
T. If them		22% SIGNATURE	Shah	l	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR   PHYSIC	FF CIAN X	22c. DATE :	9-84
MPORTANT		K.H.SH	AH MI)		6121 Mai	trose R	oaa	Re	chou

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 5/20/1984 DHMH - 16 50M 4/83 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)

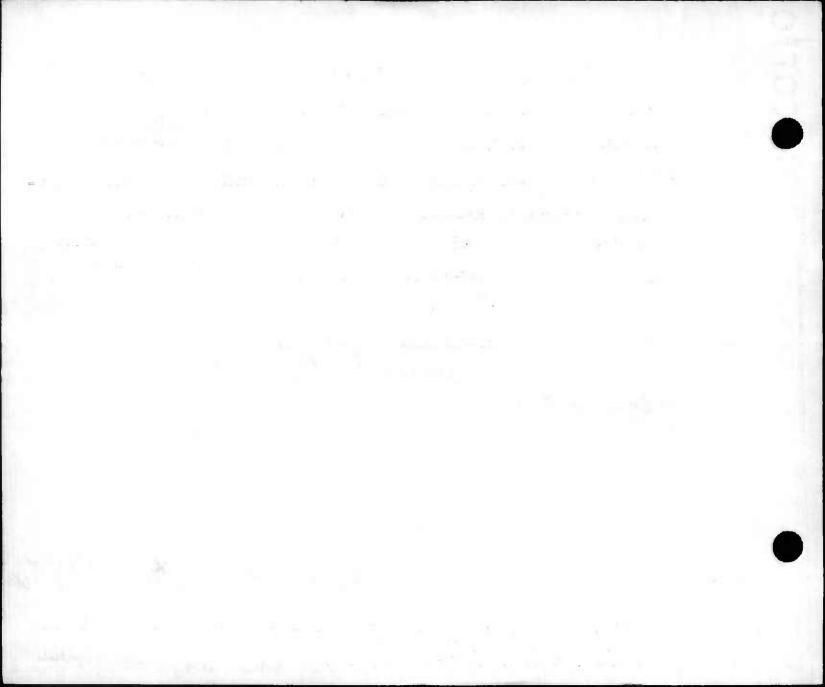
King David Mem. Garden

Falls Church,

Virginia

DONALD METOSTEIN HEBREW MEMORIAL FUNERAL HOME

ina Davidson-Randalle



FOR FOR STATE REGISTRAR	t	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 REG. NO.	14106
1. DECEASED NAM (TYPE OR PRINT)	TACOB MIDDLE	GOLIN	20. DATE OF DEATH MON	1 20/84 950 M
3. SEX MALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY DECEMBER 10. 1903	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE ( RUSSTA	STATE OR FOREIGN 76 CITIZEN OF WHAT CO	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	
ROCKVILL	E (IF NOT IN SUCH FACILITY, G HEBREW HOME	, NURSING HOME OR OTHER INSTITUTION SIVE STREET ADDRESS) FOR GREATER WASHINGTO	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  BUTCHER	12% KIND OF BUSINESS OR INDUSTRY POULTRY
MARYLAND	13 MONTGOMERY 13C. CITY ROCK	NCE BEFORE ADMISSION) OR TOWN  VILLE  YES (X)  NO [	130. STREET ADDRESS 6121 MONTRO	zip20852 DSE ROAD.
14. FATHER'S NAM UNASCER		ERTAINABLE) (UNASCERT	AINABLE) MIDDLE	(UNASCERTAINABLE
160 WAS DECEASE	OWN)   LIE YES GIVE WAR OR DATES!	IAL SECURITY NO. 17. INFORMANT CHARLOTTE	J. GOLIN, SIL	OP COLERIDGE DRIVE  VER SPRING, MD.  BETWEEN ONSET AND DEATH
Conditions, government of conditions or cemotion, or cemo	if ony, which to immediate stating the cause lost.    DUE TO, OR AS A CO	ENTENSIVE CARDIC	VASCULAR D	
NOI I	JENILE	DEMENTA R WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
C CONTRIBUTE	F WAS UNDERLYING   21b. TIME OF INJURY FING   CAUSE OF DEATH OTHER MEDICAL EXAMINER)   P.M.	NTH DAY YEAR 19	YES NO X	YES NO
WE DICK IN THE LAND WAS A WAY OF THE LAND WA	OCCURRED  NOT WHILE AT WORK  210. PLACE OF INJUR' (AT HOME, STREET, FACTOR		CITY OR TOWN	COUNTY STATE
50 the obove, 1 22b. SIGNAT	that (I) (this hospital) attended the decease deceased alive an I) (we) (did) (did sort view the body other deat URE	DEGREE ATTENDING	medical Staff	nd hour and from the causes stated  221. DATE SIGNED
PORTA TAGE STATE OF THE PROPERTY OF THE PROPER	D. D. PATEL	22 ADDRESS	TROSE RI	Rozkulle un
230. BURTAL BURTAL	ATION, REMOVAL 23b. DATE MAY 22, 198	4 CONGREGATION CEME	ORAH CITY WASHINGT	TON, COUNTY C. STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERALD RESTOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON.

1981 Lunia Davidson Randall

# CTATE OF MADVIAND

LAST

Gordon

				114	16	or m	WILL	ANU		
EP	A	RTM	ENT	OF	HE	ALTH	AND	MENTA	L HYGIEI	NE
			CE	RT	IF	CATE	OF	DEATH		

8 REG. NO.	4		U	1
20. DATE OF DEATH MONTH	15	YEAR 84	26 HOL	1R 34
& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
76 YRS.	MONTHS	DAYS	HOURS	MIN.

5. DATE OF BIRTH 3. SEX 4 RACE Male Caucasian 70. BIRTHPLACE I STATE OR FOREIGN

FIRST

Leonard

March 22,1908 76 CITIZEN OF WHAT COUNTRY MARRIED XIEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Montgomery

18. CITY OR TOWN OF DEATH

Maryland

WIDOWED [ DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 9039 Sligo Creek Pkwy #216

120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Social Worker HEW

(20901)

Silver Spring ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland

Silver Spirngyes X Montgomery

United States

MIDDLE

H.

134 INSIDE CITY LIMITS? NO I 15 MOTHER'S MAIDEN NAME

9039 Sligo Creek Pkwy #216 LAST

ADDRESS

14 FATHER'S NAME Joseph

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR

L DECEASED NAME

(TYPE OR PRINT)

166 SOCIAL SECURITY NO.

Gordon

17. INFORMANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. 788 UNKNOWN)

N'AGIVE WAR OR DATES)

233 24 3002

Wife: Alice B. Gordon asme as #13

Rae Friedlander

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line force), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o CONSCIUENCE OF Castoma Multita Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 28e AUTOPSY?

19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH P.M

71s. PLACE OF INJURY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) DAY YEAR

211. LOCATION

22e ADDRESS

CITY OF TOWN

NOTX

COUNTY STATE

NO F

22a. I certify that (I) (this to share a tended the deceased from saw the deceased alive an obove, (I) (we) (did) (did 3272 view the body after death

and that in (my) (each opinion death occurred on the date and hour and from the causes stated DEGREE

une

ATTENDING MEDICAL STAFF
PHYSICIAN [ DIRECTOR | PHYSICIAN [

Silver Spring, Md.

IN CERTIFYING CAUSES OF DEATH?

YES T

22d PHYSICIAN'S NAME (TYPE OR PRINT Charles P. Duvall, M.D.

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Falls Church, Va.

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

ly filled should b

TO

Then Then

Mental Hygi

Henry 8

+

PORTANT:

ğ

PHYSICIAN:

hospital

Falls Church, Vapress 22046

3-17-84

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 1 Q TORA Julia Davidson-Mandale

O FUNERAL

the the

houl

226. SUSTNINATURE

230. BURIAL, CREMATION, REMOVAL

burial

WHILE

21d. INJURY OCCURRED

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

King David Mem. Pk.

ALTER STATE OF THE STATE OF THE

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	writen mys		
delessasin ent		ZCATO THE TOTAL PROPERTY.	
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		CONTRACTOR OF THE	

MAY 1 8 1944 Land James Aller

ing literal parent

STATE OF MADVIAND DEPART

MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	R
1167	ATEO	C DE A

1-	FOR STATE REGISTRAR	DEI		ALTH AND MENTAL HY	GIENE B REG. NO.	4 1 0 8
(TYPE	CEASED NAME FIRST JOHN	MIDDLE	G	eeley	20. DATE OF DEATH MONTH	30 84 8:35 P. A
3. SE)	4.	RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	rale	Caucasia	2/	04 11	1/3 YR	
	RTHPLACE (STATE OR FOREIGN 7E	CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	NIT OF DEATH
100 01	MASS.	U-5. A.	WIDOWED		120, USUAL OCCUPATION	MI
10.01	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, N		OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) IZB. KIND OF BUSINESS OF
9	AL RESIDENCE IN NURSING HOLE OR O	1 1 2 1 1 1 1 1	35 MUS	Pilal	Director	Bro. Teamster
13a. S	TATE NESIDENCE (A MORSING HOLE OF O	Y 134. CITY O		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	yland Montg	omery Silve		YES NO		ienue 20902
14. FA	THER'S NAME FIRST MI	IDDLE LA		15. MOTHER'S MAIDEN NA FIRST	MIDDLE	LAST
	John J	Gree		Nora	ADDRESS	Maher
	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIA WAR OR DATES)	L SECURITY NO.	17. INFORMANT	ADDRESS	
No		012-0	3-2580	Marguerite N	1. Greeley Wif	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	ir cu le	tory	Jailur	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CON	Seph C	Sho	Ch.	1 dey
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	tract	injection	3 weeks
NOI	PART 2 OTHER SIGNIFICANT CO	onditions contribution	of DEATH BUTS	of pelated to the ter	MINAL DISEASE OR CONDITION	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)	1-30	42(/	that in (my) (our) apinion	n death accurred on the date and	hour and fram the couses stated
	22b. SIGNATURE Jung pr	La	MD	EGREE ATTENDING PHYSICIAN	DIRECTOR DHYSICIAN	224. DATE SIGNED 5/3/184
	22d. PHYSICIAN'S NAME TYPEOR	PRINT) DZ L	EE M	220 ADDRESS 7411 D HV9H	Riggs Road	20083
	BURIAL, CREMATION, REMOVAL	2/b. DATE		METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	Burial	June 4,1984	Gate of	Heaven	Silver Spring	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

<sup>24</sup> FUNERAL DIRECTOR Francis J. Collins ADDRESS
500 University Blvd., W. Silver Spring, Md.

25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 3 SIGNATURE

JUN 4

A7 (10. 10) interior or inclusions Complexed for from the Silver Spring 2002 Jester Avenue 20002 John I Greeken Veken 012-03-2580 Manquerite 11. Greekey - 1660 Some as 15

Francis June 1 1931 Pate of Leaven Silver Spring Monta. 11.

For University Blod., ". Silven Spring, 44.

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certification etoined by the hospital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	8 4	REG. NO.	4 1	0 9
		CEASED NAME SO PHI		MIDDLE	GRI	EENBERG	2a. DATE OF DE		29/84	12 P.M
	3. SEX	FEMALE	4. RACE WHITE		JULY		6. AGE (IN YEARS	90 YRS		IF UNDER 24 HRS HOURS MIN.
	C	RTHPLACE (STATE OR FOREIGN OUNTRY) AUSTRIA	U.S.A.	WHAT COUNTRY?	WIDOW		MOI	V T GO I	MERY	MD.
	The state of	TY OR TOWN OF DEATH ROCKVILLE	HEBREU	HOSPITAL, NURSING	GREA	OR OTHER INSTITUTION TER WASHINGTO	128. USUAL OCC (TYPE OF WORK FOI HOU.	SEWIFE	OWN F	HOME
	13a. S		GOMERY	ROCKVILL	E.E	13d. INSIDE CITY LIMITS? YESYN NO   15. MOTHER'S MAIDEN NA	13e. STREET ADD		zip208 DSE ROAD,	852
1		THER'S NAME HARRY	MIDDLE	WOLF		ESTHËR		IDDLE	SEEMA	ÄN
	16a. W	VAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	215-14-3		MRS. ANN LI	EVIN, 85	15 FREYN EVY CHAS		LAND
		4140	TE CAUSE (o)	R AS A CONSEQUE	70	ARRH THN		· ·		MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(c)_	RAS A CONSEQUE	fry	ARTERY D	DISEA.			
	NOI	PART 2. OTHER SIGNIFICANT	ENILE	DEM	EN	TIA				
1	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		O IN CERT	YES, WERE FINDIN TIFYING CAUSES YES	
		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM 11	B PART ( OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	IRM, ETC )	21f. LOCATION STREET	c ~-1	TY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (etd in			/	nd that in (my) (our) opinion	death accurred o	n the date and h	our and fram the	
		226. SIGNATURE	resel.				MEDICAL DIRECTOR	STAFF PHYSICIAN [	22c. DATE 5/2	- 1 - 1 -
		27d. PHYSICIAN'S NAME TYPE	PAT	EL					ROCKV	ILLE, MD
		BURTAL			AME OF C	EMETERY OR CREMATORY HEBREW CEMET!		LTIMORE,	BALTIMO	AND sine
	24. FL	DUNALUM. STE1 232 CARROLL ST				DIO 12 TO THE STATE OF	TE REC'D. BY REG	Julia David	STRAR'S GOLD	00E

DHMH - 16 50M 4/B2 (VRA 15, 4)

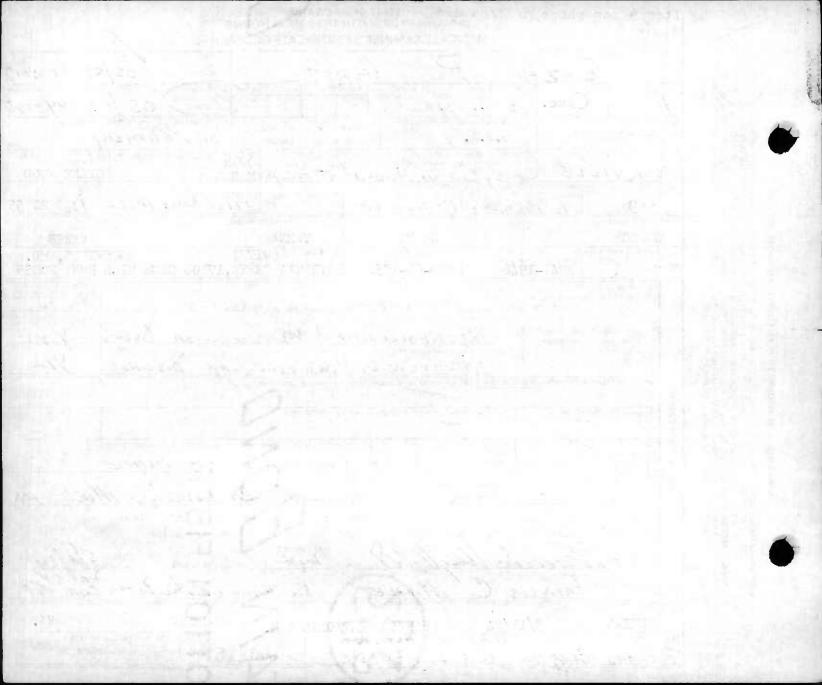
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b should be detached for use as the burial-transit permit. Then please remove carben papers. Fages 1 and 2 thould be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

IMPORTANT: If Hem 21 is morked by Hem 18 shows ony injury, or other troumotic







ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fill though he detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the medical

STATE OF MAKILAND	
EPARTMENT OF HEALTH AND MENTA	LHYGIENE
CERTIFICATE OF DEATH	

8 4 REG. 1	۷٥.	1 4	1 1		-
ATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	REG.		4 1	li	
	(TYPE C		FIRST	N	WIDDLE	Grit	Ffin Fin	5-21	-84	IF UNDER 1 YEAR		d M
	3 SEX	FEMALE	5-	Can	CASIDA WHAT COUNTRY?	S. DATE C	T 1, 1911	6. AGE (IN YEARS LAST	72 yrs "	ONTHS BAYS	HOURS MIN.	_
3		TOWA	REIGN	76. CITIZEN OF	SA.	MARRIEI	D NEVER MARRIED C	Monte	gomery	Co.		ND,
1		lver Spr		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUP. (TYPE OF WORK FOR MOS Seamstr	ST OF WORKING LIFE		of Business of hing	R
11/	13a. S	L RESIDENCE (IF NURSI TATE OWA	136 FOUN	other institution, oty nton	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Clinto	/N	13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRES		St.9	52732	1
1	M FA	John		MIDDLE	Wagner		15. MOTHER'S MAIDEN N FIRST UNK.	WIDDIE		Wein	ST	
	16a. W	AS DECEASED EVER ES NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 478–12–		James R. (	Friffin L	428 Ja aurel,		Ve. 20707	
	z	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate ig the lost.	(b) DUE TO, O	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO	ENCE OF	Ac Carcino  Carcino  NOT RELATED TO THE TER		ONDITION GIV	EN IN PART 1	(o)	
1	CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES S		
7	MEDICAL CERT	21g, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21g, INJURY OCCURI	CAUSE OF DE	HOUR A. P. 21e. PLACE	.M. MONTH D	19	211. LOCATION	JRRED (ENTER NATURE OF I		COUNTY	STATE	
	W	22a.l certify that (1)	(this hosp	ital) attended th	ne deceased from_	4.		4, to	-31-		that (I) (we) lo	ost
1		sow the deceose obove, (I) (we) to 22b. SIGNATURE 22d. PHYSICIAN'S N.	(did no	A. U	) aucu	, lh	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS		STAFF YSICIAN _		-21-84	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	UZrre 123c	NAME OF C	321 Pru	Y 236 LOCATION CITY OF TOWN	ext	COUNTY	STATE	יטק

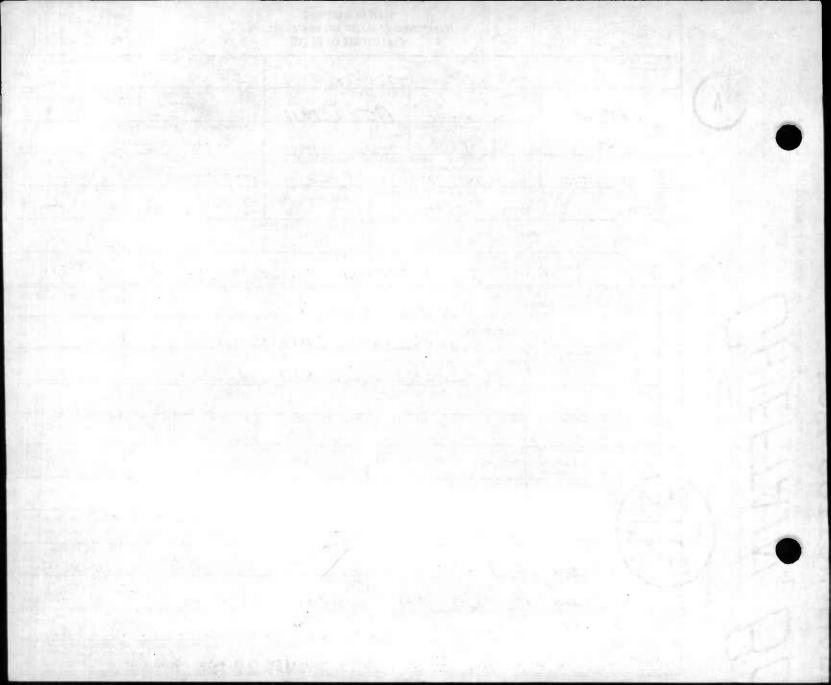
ВР DHMH - 16 25M (VR A 15 (4) ) 9/74

retained by the hospital or attending physician.

Cremation

21/84

FUNERAL HOME, IN Sandy Spring Rd. Laurel, Md. 20707 MAY



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

etoined by the hospital or attending physician.

FOR

stor, page 3 ofter death

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

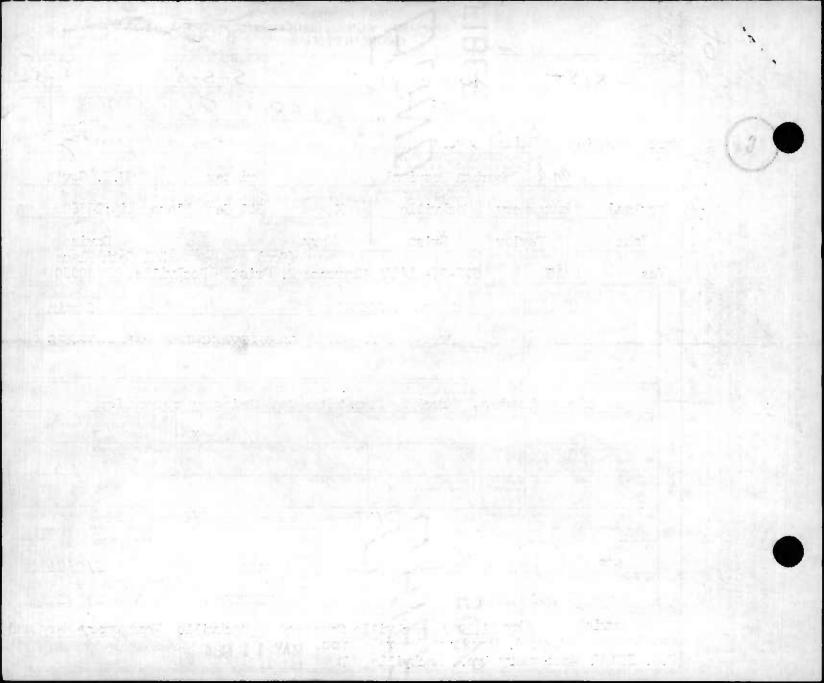
8	A REG. NO.	-	4	orano.		8
					DESCRIPTION DESCRIPTION	-

	CEASED NAME	FIRST		MIDDLE	U	ST	REG. 1		DAY YEAR	The HOUSE
3411)		James		W.	Gr	rist	5-5-	84		8 3
3. SEX	mo	le	RACE	hite	5. DATE O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (IN YEARS LAST E	YRS.	IF UNDER TYEAR	HOURS
_ (	RTHPLACE (STATE OR COUNTRY) Th Caroli			States	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY	or county	OF DEATH (	ount
Be	thesda		Subur	ban Hospi	tal	r other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Printer		126 KIND OF INDUSTRY U.S. G	
130. S Ma	ryland	SING HOME OR OTH 13b. COUNTY Montgo		GIVE RESIDENCE BEFORE AL 134. CITY OR TOWN ROCKVILLE	1	134. INSIDE CITY LIMITS?	301 Seth F	ZIP CODE 1ace	Zip:208	50
	John		ylor	Grist		Mary	WIDDLE		Davi	
11	VAS DECEASED EVER (ES, NO OR UNKNOWN) . es		D FORCES? AR OR DATES)	577-34-514		Clarence R. (			Seth P1 , MD 20	850
	18. CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), (b), and (	(c).)	JIST ELL ALL			APPROXIM BETWEEN O	NATE INTERV
	couse (o), stoti	ng the 5							4	
IFICATION	underlying cousi	NIFICANT CON	NDITIONS CO Sodes		ATH BUT	NOT RELATED TO THE TERM COSTATE Ca,	Urinary 200 AUTOPSY?	reten 20b. IF YES IN CERTIF	ntion 5, WERE FINDIN YING CAUSES	GS USED OF DEATH
CAL CERTIFICATION	underlying coust  PART 2. OTHER SIG  Sept:	e last.  NIFICANT CON  IC epi  ATION  IDERLYING  CAUSE OF DEATH	SOGES  196. COND  216. TIME COND	ONTRIBUTING TO DE 5, Stroke ITION FOR WHICH O	e, Pa	costate Ca,	Urinary 200 AUTOPSY? YES NOX	reten 20b. IF YES IN CERTIF YES	ntion 5, WERE FINDIN YING CAUSES ( S	GS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIG SEPT:  19a DATE OF OPERA  71a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED  21d. INJURY OCCUR	e last.  NIFICANT COP  IC epi  ATION  DERLYING CAUSE OF DEATH ICKAL EXAMINER)  RRED	NDITIONS CO SOCES 19b. COND 21b. TIME CO HOUR A.	ONTRIBUTING TO DE	ATH BUT  P. P.  OPERATION  YEAR  19	costate Ca,	Urinary 200 AUTOPSY? YES NOX	20b. IF YES IN CERTIF YES	ntion 5, WERE FINDIN YING CAUSES ( S	GS USED OF DEATH
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CAL	UNDERLYING COUST  PART 2. OTHER SIG  Sept:  19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [ (# ETHER NOTEY MED  21d. IN JURY OCCUR  WHILE [ NOTEW AT WOR. AT W.  22a. I certify that (I sow the decea obove, (I) (we)  22b. SIGNATURE	IDERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  CAUSE OF DEATH ICAL EXAMINER)  RED  ORK  O) (this hospital)  sed olive on didid) (did not) v	NDITIONS CO SOCIES 19b. COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME. STI ottended the	ONTRIBUTING TO DE  S, STOKE  ITION FOR WHICH O  OF INJURY  M. MONTH DAY  M.  OF INJURY  REET, FACTORY, OFFICE, FAR  THE deceosed from  THE deceosed from  THE DECENSION OF THE D	YEAR 19 7 YEAR 19 7 YEAR 19	COSTATE CA,  WAS PERFORMED  216. HOW INJURY OCCURI  217. LOCATION  518. HOW INJURY OCCURI  218. HOW INJURY OCCURI  219. LOCATION  518. HOW INJURY OCCURI  219. LOCATION  518. LOCATION  518. LOCATION  518. LOCATION  619.	Urinary  100 AUTOPSY?  YES NO  CITY OR  10 5/5  death occurred on the	Teten  20b. IF YES IN CERTIF YES  JURY IN HEM 18 P	COUNTY  19 8 4 , tr ond from the c	GS USED OF DEATH NO    STO hot (1) (w
CAL	UNDERLYING COUSE  PART 2. OTHER SIG  SEPT:  19e DATE OF OPERA  71e. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTHY MED AT WORR NOT WAT WORR  72e. I certify that (I sow the decen- obove, (I) (we)  77b. SIGNATURE  77d. PHYSICIAN'S N	INFICANT COPICE PI	NDITIONS CO SOCIES 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI ottended the sew the body	ONTRIBUTING TO DE  S, Stroke  S, Stroke  STOKE  STO	YEAR 19 7 YEAR 19 7 YEAR 19	216 HOW INJURY OCCURI 216 HOW INJURY OCCURI 211 LOCATION STREET  2.7 19.84 d that in (my) (our) opinion DEGREE  MD PHYSICIAN [ 226. ADDRESS 1040	Urinary  100 AUTOPSY?  YES NO  CITY OR  TO 5/5  death accurred on the  MEDICAL ST  DIRECTOR PHYS  O Connect	Teten  206 IF YES IN CERTIF  YES  JURY IN ITEM 18 P.  JOHN  AFF ICIAN   LICIAN    LICIAN   LICIAN   LICIAN   LICIAN   LICIAN   LICIAN   LICIAN    LICIAN   LICIAN   LICIAN     LICIAN     LICIAN    LICIAN     LICIAN     LICIAN     LICIAN     LICIAN     LICIAN      LICIAN      LICIAN      LICIAN      LICIAN        LICIAN	county  19-84 transfer of from the country  22c. DATE S  AVENUE	GS USED DF DEATH NO ST. St
WEDICAL WEDICAL	Underlying coust PART 2. OTHER SIG Sept:  19e DATE OF OPERA  71e. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY ME) 27d. I VORK.  27d. I Certify that (I Sow the decoopove, (I) (we) 27b. SIGNATURE  77b. SIGNATURE  77d. PHYSICIAN'S N  DANII  BURIAL, CREMATION (SPECEY) BUTIA	E L ROS	DOTTIONS CONDITIONS CO	ONTRIBUTING TO DE  S, STYCKE	YEAR 19 MALETCI  AME OF CICKVII	216 HOW INJURY OCCURION  216 HOW INJURY OCCURION  216 HOW INJURY OCCURION  217 LOCATION  27 1984  d that in (my) (our) apinion  DEGREE  MD PHYSICIAN [  122e. ADDRESS 1040  KENS  EMETERY OR CREMATORY  1e Cemetery	Urinary  100 AUTOPSY?  YES NOW  RED (ENTER NATURE OF IN  CITY OR  MEDICAL ST  DIRECTOR PHYS  O Connect  INGTON, N  123d LOCATION  CITY OR TOWN  ROCK VIII	Teten  20b. IF YES IN CERTIF YES  SOWN  AFF ICIAN   AFF ICIAN   LICIAN    LICIAN    LICIAN    LICIAN   LICIAN    LICIAN    LICIAN    LICIAN    LICIAN    LICIAN    LI	county  1984 trond from the county  22c. DATE S AVENUE  AND 208	GS USED OF DEATH NO STAND STAN

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



	STATE OF MARYLAN	D
DEPARTMENT	OF HEALTH AND ME	NTAL HYGIENE
		£3

1	FOR DE	PARTMENT OF HEALTH	AND MENTAL HYGI	rAtu o 6	1 1 3
	TO ECCHOLD I TANTE	NODIE	LAST LAST	20. DATE KNOWN DO MONTH	DAY YEAR 25. HOUR
	(TYPE OR PRINT) CHARLES	4. G	ROFF	OF ESTI-	28 1984 1835
	1. RACE S. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 24 H	RS. 2t. DATE MONTH PRONOUNCED DEAD	28 1984 /833 M
87-		T COUNTRY?	ED NEVER MARRIED [	9 BALTIMORE CITY OF COUN	
0	MO USA	WIDOW	ED DIVORCED	MONTGOME	RY MD.
1	ROCK UILLE ROCK UILLE	TAL, NURSING HOME, OR OTH	ER INSTITUTION 120.	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY WAR NET OR)
	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE		124 INCARECTY CHAITES 12.	Marylar	nd 20906
2		Silver Spring		3340 Gleneagle Dr.	Silver Spring
1	Benjamin H.	<b>Gro</b> ff	15. MOTHER'S MAIDEN NA Annie	AME MIDDLE S.	Herring
-	160. WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRMaryla	and 20851
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	577 05 2287	Nancy G. Pe	eirce 1911 Stanley	
	18. CAUSE OF DEATH (Enter anly one cause per line for PART I DEATH WAS CAUSED BY:		w. A. A.	Over	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (8)	S A CONSEQUENCE OF	ny proj	2627	24/043
	Canditians, if any, which gave rise to immediate (b)	-Mon Any	EMBOL,	15M	
	cause (a) stating the <u>under-lying</u> cause last.	A CONSEQUENCE OF	5		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 IO	)),	
0	190 DATE OF OPERATION 196. CONDITION				CALL CARRY
1	19a DATE OF OPERATION 19b. CONDITION	RACTUR 18	AS PERFORMED?		28 AUTOPSY?
7	210. EXTERNAL CAUSE WAS 216. TIME OF IN		OW INJURY OCCURRED (EP	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	
2	CONTRIBUTING CAUSE OF DEATH	action a Si Silva de	tell on	1-400R	
2	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	Y, FARM, ETC.)	TREET WAR AF A N. L	CITY OR JOWN	STATE STATE
	AT WORK AT WORK  220. I certify that I taak charge of the remains descri	bed abave, held an Autap	sy , Inspection	Inquiry 4. and in my o	points
2		ccident , Suicide		ndetermined manner .	p
	ACTUAL STATE OF STATE	1.1118	TITLE SPECIFY)	DATE	6/4/49
7	SIGNATOR	GLAN W.		MEDICAL EXAMINER	2014
×	EXAMINER'S NAME PRANCES (TYPE OR PRINT)	MAYCE		SCONSM DW BE	THESA M
	230. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 5/30/84	Ft. Lincoln		Brentwood, Mai	ryland
	24 FUNEATVS 671 Wheeler Funeral Ho			BY REGISTRAR 256 REGISTRAR'S	

1331 Rockville Pike, Rockville, Maryland 20852 (VR A15 ME (5)) 20M 4/82

JUN 2 7 1984 Julia Deviden Bondon

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requires that the death certificate be

OR ATTENDING PHYSICIAN, The low

retained by the haspital or attending physician

## STATE OF MARYLAND

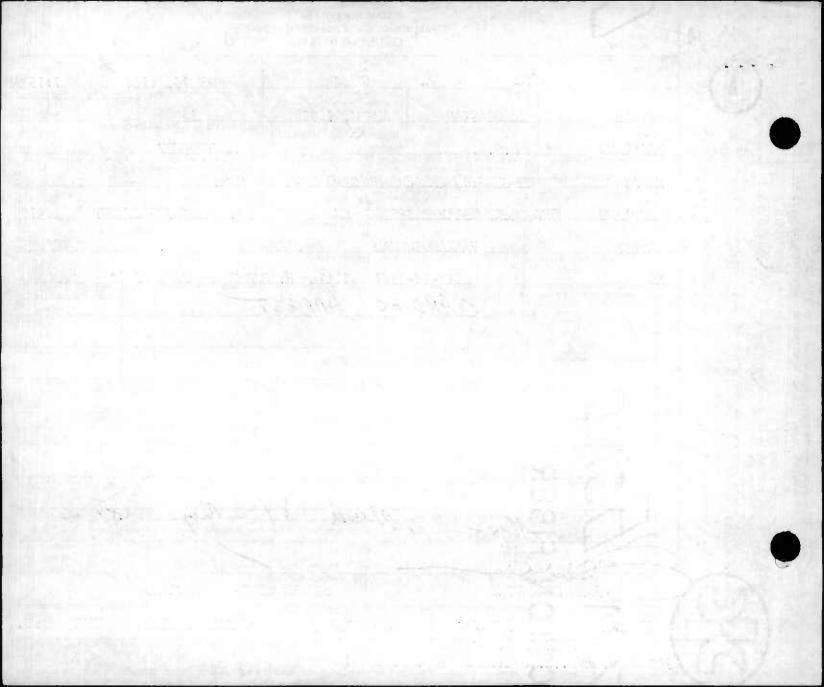
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10.	4	1	-	6
ATE OF	DEATH		DIV	MEAD		$\overline{}$

						LAST			SEATH A	HTMON	DAY YEAR	2 26	HOUR
1. DE	CEASED NAME	FIRST	A	MIDDLE		CASI		20. DATE OF I	JEAIN A	MUNIH	UAT TEAL	20	
		ROS	SE	1	A.	GRUND		MA	AY 10	. 198	34		1:15
3. SE	x	4. 6	RACE			ATE OF BIRTH	YEAR	6 AGE (IN YEA	ARS LAST BIRTH	HDAY)	MONTHS DA		INDER 24 HR
Ŧ	FMALE		CAUCA	SIAN		AUG 4. 189			84	YRS.			
7a. BI	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF \		NTRY? 8	RRIED XX NEVER M	AARRIED T	9. BALTIMOR	E CITY OF	COUNTY	OF DEATH		
	MARVIAND		IISA		- 1		ORCED	MONT	rgome	RV			
	ITY OR TOWN OF DE	ATH 11.	. NAME OF H		JURSING HO	ME OR OTHER INST	ITUTION	120 USUAL O	CCUPATIO	N			SINESS
V	ENSINGTON	V				NURSING H	HOME	HOME!			FE)   INDUST	KT	
USU	AL RESIDENCE (IF NUR.	SING HOME OF OTH	HER INSTITUTION.	GIVE RESIDENCE	E BEFORE ADMISS	ION)		A			-		
	IARYLAND	MONTG		13c. CITY OR	ER SPR	13d. INSIDE CI	NO []	13e.STREET AL					2091
	ATHER'S NAME			LSILVE	K SPK	15. MOTHER'S			LLLIW	UUD	SIKLLI		207
	FIRST	MIDI	DLE	1AS			CADA	1.7	MIDDLE	Ε		LAST	CNOW
16a V	LOUTS WAS DECEASED EVER	IN U.S. ARMEI	D FORCES?		NDINGHA L SECURITY N		SARA	1	ADDRES	SS		UIVI	VIVOWI
- 0	YES, NO OR UNKNOWN)	(IF YES, GIVE W						commo	0.4	MT AC	1 1 2	111	ICDAI
	18. CAUSE OF DEAT				-14-66	71   WILL!	AM H.	JKUNU	SA	ME AS		TI.	INTERVAL I AND DEAT
	Conditions, if any gave rise to imcause (a), stotic underlying cause	mediate ng the	(b)		SEOUENCE (								
CATION	gave rise ta imi cause (a), stati	mediote ng the e lost. NIFICANT COM	(b)  DUE TO, OR (c)  NDITIONS CO	R AS A CONS	SEOUENCE (	DF .		NINAL DISEASE		20b. IF YE	S, WERE FIN	IDINGS	
TIFICATION	gave rise ta im cause (a), stati underlying cause	mediote ng the e lost. NIFICANT COM	(b)  DUE TO, OR (c)  NDITIONS CO	R AS A CONS	SEOUENCE (	DF BUT NOT RELATED		20a AUTOP		206. IF YES		IDINGS SES OF E	
CAL CERTIFICATION	gave rise ta im cause (a), stati underlying cause	mediate ned in the second in t	DUE TO, OF	ONTRIBUTION  TION FOR W  FINJURY  M. MONTH	SEOUENCE (	BUT NOT RELATED ATION WAS PERFO	RMED	20a AUTOP	NO 🗌	20b. IF YES	S, WERE FIN FYING CAU	IDINGS SES OF L	DEATH?
MEDICAL CERTIFICATION	gave rise ta im cause (a), statii underlying cause  PART 2. OTHER SIGI  19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED  21d. IN JURY OCCUR	mediate ng the e lost.  NIFICANT CON  TION  DERLYING  CAUSE OF DEATH ICAL EXAMINER)  RED	DUE TO, OR  (c)  NDITIONS CC  196 CONDI  216. TIME O HOUR A./	R AS A CONSTITUTION FOR WITHOUT FOR WITHOUT FOR WITHOUT FINJURY M. MONTH	G TO DEATH	BUT NOT RELATED  ATION WAS PERFOI  EAR  19  216 HOW IN.	RMED	200 AUTOP	NO 🗌	20b. IF YES IN CERTII YE Y IN ITEM IB I	S, WERE FIN FYING CAU	IDINGS SES OF L	DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely illud in by the funeral described by detached for use or the burial-trainit permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



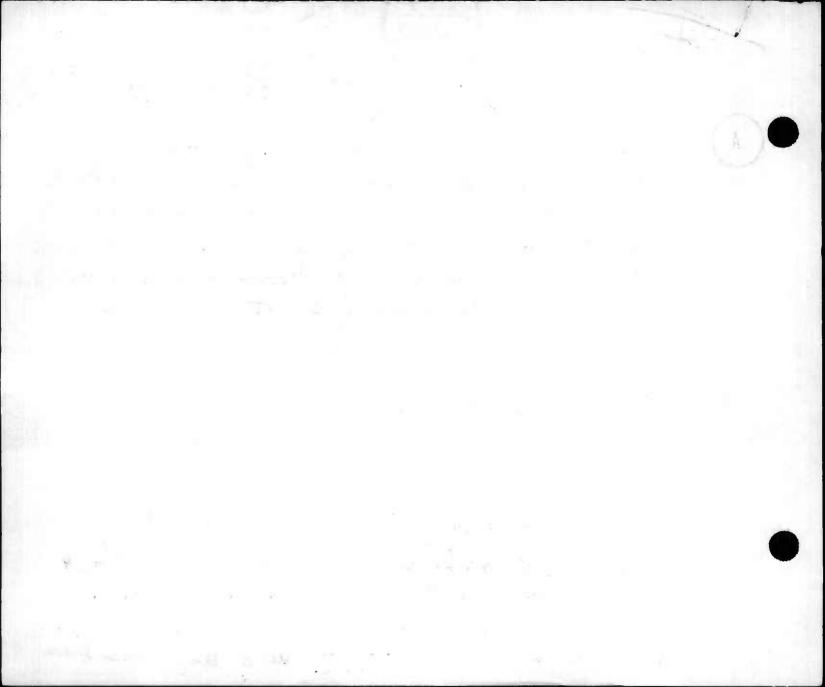
_	FOR
1 -	STATE
	DECISTRAD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.		4	Cathorne		c
---	----------	--	---	----------	--	---

-							KEG. N	O.		
		CEASED NAME FIRST	WIDDIE	LAST			20 DATE OF DEATH	MONTH [	AY YEAR	2b HOUR
ре ре ф ф	(TYPE	OR PRINT) Mildr	ed c	C.	unther	- 1	3.6		100/	5:30 P
de 000	3. SE)		ed S.	5. DATE OF E	_		6 AGE (IN YEARS LAST BIT	ay 3	1984 IF UNDER 1 YEAR	IF UNDER 24 HRS
offe. g	3. 3L/	Female	White	MONTH	DAY	YEAR	A AOE (WYTEARSTAST BE		ONTHS DAYS	HOURS MIN.
	_	remate	WIIICE	Feb.	2	1907	77	YRS.		
9 32 101	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVERM	ADDIED [	9 BALTIMORE CITY	R COUNTY	OF DEATH	
1 ACE		Maryland	USA	WIDOWED		ORCED	Montgome	2231		MD
\ J		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN				120. USUAL OCCUPAT		12h KIND OF	BUSINESS OR
# # # W	3		(IF NOT IN SUCH FACILITY, GIVE STREET				TYPE OF WORK FOR MOST	OF WORKING LIFE		001
25 6		hevy Chase	3606 Faircastle				Retired		Cafet	eria
hou hou		AL RESIDENCE (IF NURSING-HOME OF TATE 13b, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		d. INSIDE CIT	TY HIMITS?	13e.STREET ADDRESS	/ 7IP CODE	2/2	912
24 Suld	М		comery Chevy Ch			NO 🗍	3606 Fair		Drive	1
rid See 6		THER'S NAME		UUC	3.8	MAIDEN NAM	VE	Lastite	DIIVE	
nd 2		Diah and	MIDDLE		F	IR51	WIDDLE		LAST	
De l'es			G. Skinner	-		ine	M.		Green	
ond co Pages 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17	INFORMAN	NT.	ADDR	155		
0 0 0 E		N/A	V/A 212-16-18	69	Shirle	v Brem	er-daughter	r-(sam	e as 13	e)
te b sicro Sers Sl.		18. CAUSE OF DEATH (Enter or	aly one cause per line for (a), (b), and		1				APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
phys phys emove event,		PART I. DE ATH WAS CAUSE	D BY		mt F	3000	+		1	vD.
		17/1/MAMEDIA	TE CAUSE (a) Carcing	SVVC 0-	0	y acres	1		0.71	00.
tendin re corb on, or r umatic		//7/	DUE TO, OR AS A CONSEQUE	NCE OF					1	
dec		Conditions, if any, which	(b)							
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
5 655		underlying cause last.	(-)							
a page 5		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	EATH BUT NO	T PELATED 1	TO THE TERMI	NAL DISEASE OF CON	IDITION GIV	N IN PART Lo	
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2 0 0	15	Column	e Berade	200000000000000000000000000000000000000			Las AUTORSV2	Tabl IF VEC	WEDE EINIDIN	00.11050
1 1 1 1	S	198 DATE OF OPERATION	CONDITION FOR WHICH	OPERATION V	VAS PERFOR	WED	200 AUTOPSY?		, WERE FINDIN YING CAUSES (	
26 204 80	CERTIFICATION						YES NOK	YES	· 🗆	NO 🗌
22 865 41	CE	21a. ACCIDENT WAS UNDERLYING		V VEAD 2	It. HOW INJ	URY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
Ag Tag E	¥	OR CONTRIBUTING CAUSE OF DEA	OH .	Y YEAR						
Series and A	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		If LOCATION	N				
五章 丰美 5 克	ME	WHILE O NOT WHILE O	(AT HOME STREET FACTORY, OFFICE, FA		STREET		CITY OR TO	NWN	COUNTY	STATE
20 404 4		AT WORK AT WORK			7 1 7			100		
2			tal) attended the deceased fram_	J 8	-	, 19		184	19	hat (1) (we) last
문문 문화공 는 -		saw the deceased alive an abave, (1) (we) (did) (did no	t) view the bady after death	, and t	hat in <sup>t</sup> (my) (	aur) opinian d	eath accurred on the d	ate and hour	and from the c	auses stated
The Person		22b. SIGNATURE	1 0 0	DEC	GREE				22c DATE S	IGNED
0 t D 50 =	1 1	deremy	1160 500 11			TENDING	MEDICAL STA		5/4/	4
FA BERT		22d PHYSICIAN'S NAME (TYPE)	NO DODINITI	12	2e ADDRESS		DIRECTOR   PHYSIC	JAN []	11.10	
S FUNE Could be The S PORTAL				ľ			A 77		37.1	
2 t 0 2 t 2		Jer	emy Cooke, MD		10400	conn.	Ave., Kens	ingto	1, Md.	
5 6 5 2 1 3.		URIAL, CREMATION, REMOVAL	23b. DATE 23t N	AME OF CEM	ETERY OR CI	REMATORY	23d. LOCATION			
BP	· '	Burial	May 8, 1984 Ar	lingto	n Nati	ona1	Arlingte	n n	COUNTY T7-1	rginia
	24 FL	INERAL DIRECTOR								
MH - 16 50M 4/83		neš/Rinaldi Fur	neral Home	) N.H.	-	MAY	8 1984	Julia Do	widson-R	indelle
(VRA 15, 4)	***	, KIRALUI FUI	Silver	Sprin	g. Md.	mM	0 1504	7		

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ca should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

death pode

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	4	and the same of th	

1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTA ICATE OF DEATH		8 4 REG. NO.	1	4 1	1 6	
	CEASED NAME FIRST	WIDDLE	i	AST	2a DA1	E OF DEATH MO	NTH DAY	YEAR	2b. HOUR	
(TYPE	Bessie	В.	Guts	chick	N	lav 19.	198	4	9:55Am	
3. SE	X	4 RACE	5. DATE C		A AGE	(IN YEARS LAST BIRTHDA	AY) IF U	INDER I YEAR	IF UNDER 24 HRS	
Fe	male	Caucasian	Sept	ember 27		) 1	YRS.	THS: DAYS	HOURS MIN.	
7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8		9. BALT	IMORE CITY OR C		DEATH		
	Illinois	United Stat	A SWIDOWE	DIVORCE		tgomery	Con	ntv	MD.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME C		N 12a US	UAL OCCUPATION			E BUSINESS OR Interio	
F	Rockville	Rockville	REFT * DDRESS)		(TYPE OF	work for most of wi		_		
1457		OR OTHER INSTITUTION, GIVE RESIDENCE BE		ing nome				Decol	rator	
13a. S	STATE 136 COL	JNTY 13c. CITY OR T	OWN	13d INSIDE CITY LIMI		EET ADDRESS / ZI			00050	
	aryland   Mon	ntgomery Rock	ville	YES X NO [		Rollin	s Av	e. 2	20852	
14 F/	FIRST	MIDDLE LAST		EIRST		MIDDLE		LAS		
	Joseph	Kosatk		Barba				Fors	t	
	VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)				leans c		Kens	sington 20895	
	No	347-2	4-8313	Kenneth	A. Gu	ıtschick	Son	rid.	20895	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line l	gind ic.	.00				BETWEEN	ONSET AND DEATH	
		ATE CAUSE (a)	yes	oce						
	4280	DUE TO, OR AS A CONSE	QUENCE OF		11					
	Conditions, if any, which	( (b) Cor	gert	nt Ald	st to	theal				
-	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	1,	0	2 1				
	underlying couse last.	(0)	ner	1 lemes	rul 5	).				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	OT RELATED TO THE	E RMINAL DIS	SEASE OR CONDIT	ION GIVEN	IN PART 10	0.	
S O		7 72 7			0					
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED 200 AUTOPSY? 2			D. IF YES, W	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
표					YES NO TE			IG CAUSES	NO [	
1	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY O		-	-			
	OR CONTRIBUTING CAUSE OF D									
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	1.0	211: LOCATION						
ME		(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC )	PERSONAL PROPERTY.		CITY OR TOWN		COUNTY	STATE	
	AT WORK	S. D. War Ja Lida - Land - Life	Re	0	23	Post	19	py		
	saw the deceased alive of	pital) attended the deceased from	0.1.1	d that in (my) (our) o	pinian death oc	curred on the date	and hour ar		that (I) (we) last	
	Th SIGNATURE	not) view the body all r death		Seedness.		torred only c done	0110 11001 01		ZWINED Z	
	THE SIGNATURE	11/1/1/2	1.50	ATIEND	INGMEDI	CAL STAFF		221. DATE	1/20	
1	Noacut "	- ounder	Lecon	PHYSIC	IAN IREC	TOR PHYSICIAN	۷ <u> </u>	0//	7/0/	
	Robert Thibadeau, M.D. 270 ADDRESS 21125 Rockville Pike, Rockv:							2	0852	
	Robert Thib	adeau,M.D.		11125 Rock	ville P	ike, Rock	cville	, Mar	yland	
	BURIAL, CREMATION, REMOVA	riay	31 NAME OF C	EMETERY OR CREMAT		LOCATION		OUNIY	STATE	
	Burial	23, 1984		wn Cemete	ery No	rth Riv	ersid	e Il	linois	
24 F	UNERAL DIRECTOR Robe	rt A. Pumphr	ey Fun	eral 25	o. DATE REC'D.	BY REGISTRAR 256	REGISTRA	S SIGNAT	TURE NUMBER OF THE PROPERTY OF	
	LANATE	Bethesda, Ma	33		MAY 2	3.1984	ma war	ason-N		

DHMH - 16 50M 4/83 (VRA 15, 4)

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and it was to the second of th MALS STAM

1	-	FOR STATE REGISTRAR
D	FC	EASED NAME

(TYPE OR PRINT)

10. CITY OR TOWN OF DEATH

. SEX

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

5. DATE OF BIRTH

IENE	8	REG. N	40.	1	4	Î	1	7
2a. DAT	E OF	DEATH	MONTH	4/	8	YEAR	1:54	
6. AGE	(IN YE	ARS LAST B	IRTHDAY)	1	IF UNDE	RIYEAR	IF UNDER	24 HRS
6	7		Y	RS.	ONTHS	DAYS	HOURS	MIN.
9. BALT	IMOR	Lon	ta e					MD

	temale	White
BIRTHPLACE COUNTRY)	STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?
211118110	iania	11 6 4

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

IMMEDIATE CAUSE (o)

FIRST

MARRIED NEVER MARRIED WIDOWED DIVORCED TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

9736 Pineu Branch Road

126 KIND OF BUSINESS OR Purchasina/Contracts

USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUT 130. STATE Montgomeru Maruland 14 FATHER'S NAME

ilver Spring Horman

13c CITY OR TOWN

Pearl 17. INFORMANT

YES Y

136. INSIDE CITY LIMITS?

NO T

15. MOTHER'S MAIDEN NAME

MIDDLE

Jacob 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY

16h. SOCIAL SECURITY NO 052-16-3312

9234 Piney Branch Road Silver Spring, Maryland

13e. STREET ADDRESS

3M0

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse

OR AS A CONSEQUENCE OF Carcin oma ot

CARCINON

Gall Bladder

3 Ma.

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

Mellitus untensum 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOT

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f. LOCATION CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive as 5/4
above, (lylwe) (did) (old not) lew the bady after death 22h SIGNATURE

NOT WHILE

DEGREE

22e ADDRESS

2/20

MEDICAL ATTENDING STAFF PHYSICIAN PHYSICIAN 22c. DATE SIGNED

MAX 6. SHERER MI

19 84

and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated

23a, BURIAL, CREMATION, REMOVAL 23b. DATE Burial 5/7/1984

23c. NAME OF CEMETERY OR CREMATORY Rodef Shalom Cemetery

Pleasantville

24. FUNERAL DIRECTOR DONALD M. Stein Hebrew Memorial F. H. 1250. DATE RECD.

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL

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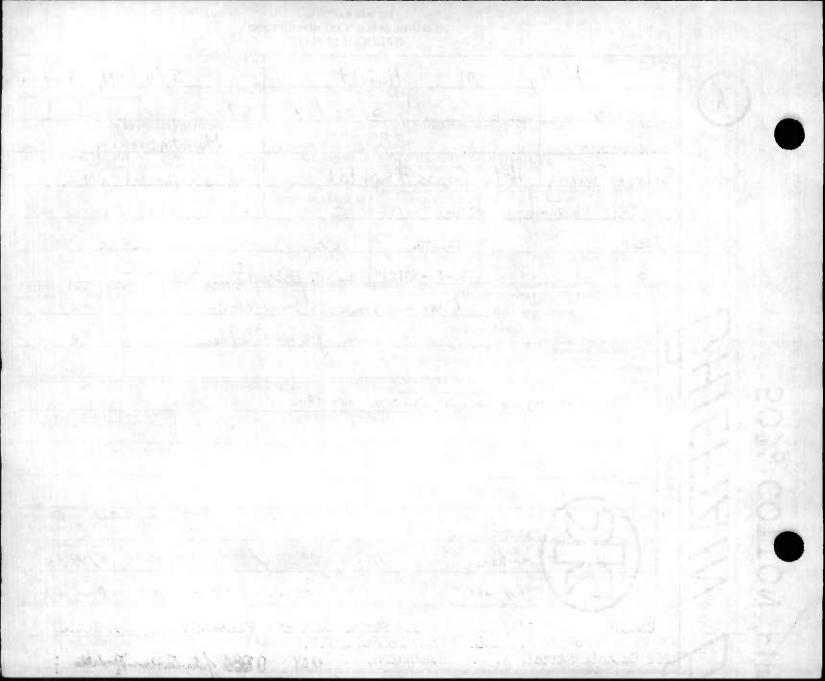
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18 sh

markedor

CERTIFICATION

232 Carroll Street. N. W. Washington, D. C.



	600				SIAI	EUT MAKILANU	015115			
1-	FOR STATE			DEP	ARTMENT OF I	REALTH AND MENTAL HY	GIENE	1	4 1	1 8
	REGISTRAR	- 191			CEKTH	FICATE OF DEATH	REG. N	0.		; 0
1. DEG	CEASED NAME	FIRST	,	MIDDLE		LAST	28 DATE OF DEATH	MONTH DA		26. HOUR
F	rank		,	η.	H	n/a day	MA	14 12	,1984	720 AM
3 SE		4	RACE		S. DATE O	OF BIRTH	& AGE (IN YEARS LAST BIE	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
-	Male		Whi	te	MONTE 9	27 /9/2	71	YRS.	ONTHS DAYS	HOURS MIN
7a BI	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUN	TRY?	<b>V</b>	9 BALTIMORE CITY	R COUNTY	OF DEATH	
Penn.			U.S	.A.	WIDOWI	DED NEVER MARRIED DIVORCED		Ment	gomery	MD.
10 CITY OR TOWN OF DEATH		ATH 1			URSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
G	aithersbur	·g	Wilson	1.6		ritor	Mine		Coa	1
USU	AL RESIDENCE (IF NURS	ING HOME OF C	THER INSTITUTION	GIVE RESIDENCE		1134 INSIDE CITY LIMITS?	130 STREET ADDRESS		30	(000
-	маг	Montgo		Rocky	_	YES NO		oln St.	011	4110
14. FA	THER'S NAME	141105	Jinoi J	I LUG CAL	1116	15 MOTHER'S MAIDEN NA		7.11.13.04		7
	Mid ole o 7	M	DOLE	LAS		FIRST	MIDDLE		C 7 - 1	
100	Michael				aday	Frances	ADDR	ECC	Slad	SKY
	VAS DECEASED EVER		WAR OR DATES)	100 SOCIAL	SECURITY NO	17 INFORMANT	631 Lif	coln S	t.	
	No			189-0	5-4536	Mary Halada	ay Rockvil	le. Md	208	
	IN CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (	bi, and (ci.)	00	^ -	C.	APPROXU BETWEEN C	MATE INTERVAL DINSET AND DEATH.
	PART I. DEATH W		CAUSE (a)			BROWL	10 Par841	Kinos	2.	DAYS
-	400	5			500505505					,
7	Conditions, if any	which		R AS A CONS	EOUENCE OF					
	gave rise to imi	mediate	(b)							
1	cause (a), statin underlying cause	se last			SEOUENCE OF					
	2427.2.07.152.410		(c)			NOT RELATED TO THE TER/				
z	PART 2 OTHER SIGI	NIFICANT	ALL OF THE	NIKIBUTING	TO DEATH BUT	24 4 C- CAD A. Am	MINAL DISEASE OR CON	DITION GIVE	MIN PART TIC	,
5		71011	16/10	4109	Eng	MISEINE INN	20a AUTOPSY?	Table 15 VEC	WEDE CINION	166 11650
CERTIFICATION	190 DATE OF OPERA	TION	198 COND	IIION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPST?	IN CERTIFY	WERE FINDIN	OF DEATH?
E							YES NO	YES		ио 🗍
	210. ACCIDENT WAS UN		216. TIME O		DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		Р.		19					
ă	214 INJURY OCCUR	RED	21e PLACE			21f LOCATION	CITY OR TO		COUNTY	STATE
2	AT WORK AT WO	HILE C	(AT HOME, STI	REET, FACTORY, O	FFICE, FARM, ETC.)	SIREEI	CHYONIO	MIN	COUNTY	STATE
4	22s.I certify that (1)	(this hospite			rom/	VOV , 1981		12 1	984	that (I) (we) lost
	saw the deceas		ma		19.84 . 0	nd that in (my) (pur) opinion	death occurred on the c	ate and hour	and from the	couses stated
	obove, (I) (we) (a 22b. SIGNATURE	aia) (aia not)	view the body	offer death.	7	DEGREE			22c. DATE	SIGNED
		ESP.	she W	· Des	to -	30 ATTENDING	MEDICAL STA	FF		
	22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT)		/	220 ADDRESS				
	ST	EPHZI	VW. C	DEIR	RA.D	671967750	NLAME, E	ETHE	30A1	20.2081
23n F	BURIAL, CREMATION,	REMOVAL	236. DATE		23c NAME OF C	EMETERY OR CREMATORY	234. LOCATION	V / L	- ')'	
(	Buria			84		_	CITY OR TOWN	-	COUNTY	STATE
	בינו דמי		21	94	St. Syr	il & Medobius	Fringle	TILL	zerne	Pa.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic ever

24 FUNERAL DIRECTOR

NAME

A.J. Kopicki F. H.

/ /'84 St. Syril & M 263-265 Zerbey Ave., Kingston, Pa. 18704

REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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63	1	- 1	
-	6	- Fi	

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

that (1) (we) lost

IF UNDER 24 HRS

1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	BIENE 8	REG. NO		4 i	
	OR PRINT)	FIRST		Less	HA	misch	2a. DATE O		5 /24	1/84	26. HOUR
SEX	Female		4. RACE Whit	e	5. DATE OF BIRTH Oct. 6, 1894			PEARS LAST BIRT		FUMDER I YEAR	IF UNDER 24 H
	RTHPLACE (STATEORE OUNTRY) New York		USA	WIDOWED 3			Montgomery		ery Co	unty	
R	ockville		SHADU	FACILITY, GIVE STREET	(DDRESS)	DUENTIST HOSP		OCCUPATION FOR MOST OF	WORKING LIFE)		OF BUSINESS
30. S	ryland	13b. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Germanto	N	134. INSIDE CITY LIMITS? YES NO			horpe	Lane 2	20874
I. FA	Henry Henry		MIDDLE	Lawles	35	15. MOTHER'S MAIDEN NA	ME	WIDDLE		Brown	1
	AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	059-52-4		Lois M. Emme	erich,	Ite	m 13		
	PART I. DEATH W  Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSE IMMEDIA which nediote g the	DUE TO, OI	RAS A CONSEQUE	a TO	entr Her		Lalx	Ne .	BETWEEN	IMATE INTERVAL ONSET AND DEA
NO	PART 2. OTHER SIGN	Porc	11 + 1	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INALDISEAS	E OR COND	OITION GIVE	V IN PART 10	o .
CERTIFICATIO	190. DATE OF OPERA	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	OPSY?		WERE FINDIN ING CAUSES	
EDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18 PAR	IT 1 OR PART 2)	
WEDI	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	OLE	21e. PLACE	OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET	-	CITY OR TOV	WN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (we) (c 22b. SIGNATURE	d olive on	5	13 19		nd that in (my) (aur) opinion of	101				
	In	00	viv	hse	m	ATTENDING PHYSICIAN [	MEDICAL	PHYSIC		3	24-6

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is morked or Hem 1B shaws etained by the hospital Michael A. Bolognese, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Long Island National

19261 Montgomery Village Ave. Gaithersburg, 23d. LOCATION Pine Lawn, New York

Burial 24 FUNERAL DIRECTOR

May 29, 1984 OTin L. Molesworth, P.A., Damascus, Md.

BY REGISTRAN 285: REGISTRANS SIGNA

DHMH - 16 50M 4/B2 (VRA 15, 4)

injury, or other troumotic

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ottending physicion

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mon.	V.	Ma.	200110		J. C. 11.
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death. Page 4 moy be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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64	6	1
REG. NO.		

U.	1 -	STATE REGISTRAR			CERTIF	CATE OF	DEATH	B REG. N	0.	4	2 0
1	1. DEC	CEASED NAME FIRST		WIDDLE	L.	A\$1		20. DATE OF DEATH	MONTH	DAY YEAR	2h. HOUR
r	LITTE	MARGARet	2		141	PRRISI	n	5/10/	184	4	1030 1
1	3. SE)		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		# UNDER I YEAR	# UNDER 24 HRS
1		Female	Wh	ite	July		1898	80	YRS.	MONTHS OAYS	HOURS MINL
(2)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER	MARRIED 🗍	9. BALTIMORE CITY O		OF DEATH	3-1-1-1
7/4	A STATE OF THE PARTY OF THE PAR	N.Y.	U.	S.A.	WIDOWE		NORCED		Monte	omerv	MD.
1/50	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER IN	TITUTION	12e USUAL OCCUPATI	ON	12h. KIND C	OF BUSINESS OR
3	/	Rockville	SHADY	- Contraction of the contraction	3DVE	VTIST	Huspita	Reception		E) INDUSTRE	
7)		AL RESIDENCE (IF NURSING HOME OF			ADMISSION)		CITY LIMITS?	13e STREET ADDRESS			
2]	130	200	tgomery	Gaithers		YES X	NO []	201 Russel			877
1	14. FA	THER'S NAME					'S MAIDEN NA	ME			
		Charles	MIDDLE	Tompkir	ns	Se	rah	WIDDEE		Slea	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORM		ADDRE	SSTL		twoods Rd
1	0	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	139-26-2	730	CHIE	ord Har			e Md. 2	
		18. CAUSE OF DEATH (Enter or				OTTI	er a mar	113011		APPROX	MATE INTERVAL ONSET AND DEATH
	rion	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (c)  CONDITIONS CO		ENCE OF	NOT RELATE		INAL DISEASE OR CON			
4	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES NO	IN CERTIF	S, WERE FINDI YING CAUSES S []	
a	AL.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DF INJURY .M. MONTH D .M.	AY YEAR			RED (ENTER NATURE OF INJU			
	MEDIC	WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCAT STREE		CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (11) (this hosp saw the deceased alive as above, (1) (we) (did) (did no	man	9 19 5	Jen PF, or	6	, 19 <u>83</u> (our) opinion (	to May death occurred on the de	10 ote and hou		that (i) we) last
		77k SIGNATURE		Orier debail		DEGREE				22c. DATE	SIGNED
1		dus	CVI	200	n	10	PHYSICIAN Z	MEDICAL STA		5-	10-84
1		224 PHYSIC DINIS NAME IN	RINT)		, ,	22e. ADDRE					

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs aft with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, or removal.

attending physicion

ATTENDING

retained by the hospital or

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR Gartner Sandison F. N.

236. DATE

23a. BURIAL, CREMATION, REMOVAL

Cremation

(SPECIFY)

5/11/184 Lee's Crematory 316 . Diamond Ave

Gaithersburg Md 20

23(. NAME OF CEMETERY OR CREMATORY

Waxhington D.C.

D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

COUNTY

STATE

236 LOCATION CITY OR TOWN

STATE OF THE STATE A ward a A.S.V. Promote I tolk delines son va ... is the sent the sent court of the self-value Mr. | Controvery Satisfies and Control | 1202 Surgers | Party | 80.737 manufacture for it 13"-20-2739 Clifford largison decele, 8d. 21737 and the second of the second o Transland Solid St. Louis Church tory Character to Co. C. C. The case years to the thousand the second of the second of

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	VS
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

	I. DECEASED N	ME FIRST		MIDDLE		AST	REG. NO.	DAY YEAR 2b. HC
	(TYPE OR PRINT)	FRA	nx	D.	H	Arwood	5	21845
	3. SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UND
	mal	0		asian	MOISTA	06 30	54 YRS	
1	70. BIRTHPLACE	77735	76. CITIZEN OF	F WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9. BALTIMORE CITY OR COUN	
4	M. CITY OR TO	ALOE DEATH	III NAME OF	5 A	WIDOWE	DR OTHER INSTITUTION	Montgome	
8	Silver	Soring	(IF NOT IN SU	CROSS STREET A	DOREIS)	ipital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Plumber	Retire
4	Md .	ICE (III NURSING HOME 13b. COI	or other institution unty nt.	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ROCKVI	11e	138 INSIDE CITY LIMITS?	4309 Franki	fort Drive
7	14. FATHER'S NA	T	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	ŁAST
4		ancis	D. 150 500 650	Harwoo		Norma	ADDRESS	McDonou
1	YES NO OR U	(SED EVER IN U.S. A	Yes			17. INFORMANT		C 1
-				209 22 er line for (a), (b), and	4996	Margaret	Harwood (Wife)	Same as
	underlyii	e to immediate a), stating the ig cause last.	DUE TO, (c)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINALDISEASE OR CONDITION OF	WILKS
	ō	4 6,50 10		i marketing .				
2	TIFICATION 180 DATE	THE BY	Le	retionale	eory !	C graft	IN CER	YES, WERE FINDINGS US TIFYING CAUSES OF DE YES NO
2	210. ACCE	A CUTE OF THE PORT	DEATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	WAS PERFORMED  C 9-11  21c. YOW INJURY OCCUR	YES NO IN CER	TIFYING CAUSES OF DE YES \rightarrow NO
2	OR CONTR	ENT WAS UNDERLYING BUTING CAUSE OF D	DEATH HOUR /	A.M. MONTH DA	19	To graft	YES NO IN CER	TIFYING CAUSES OF DE YES \rightarrow NO
2	OR CONTR (IF EITHER 21d. INJU WHILE AT WORK 22a. I cert	FIT WAS UNDERLYING  IN OTHER MEDICAL EXAMINATE  OF OCCURRED  NOT WHILE  AT WORK  If that (1) (the hose	DEATH HOUR INER) 21e. PLACI	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19 ARM. ETC.)	21c. HOW IN URY OCCUR 21f. LOCATION STREET	YES NO PINJURY IN ITEM 1.	TIFFING CAUSES OF DE YES NO 8 PART 1 OR PART 2] COUNTY
2	OR CONTR (# EITHER 21d. INJU WHILE AT WORK 22a. I cert obov 22b. SIGN	ATURE	21e. PLACI (AT HOME. S	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19 RRM_ETC.)	216. LOCATION STREET  216. LOCATION STREET  ATTENDING PHYSICIAN	YES NO PINCER  RED (ENTER NATURE OF INJURY IN ITEM 1:	TIFFING CAUSES OF DE YES NO 8 PART 1 OR PART 2] COUNTY
2	OR CONTR (# EITHER 21d. INJU WHILE AT WORK 220.1 cert obov 22b. SIGN 22d. PHYS	PATENT WAS UNDERLYING BUTING CAUSE OF C NOTIFY MEDICAL EXAMP RY OCCURRED NOT WHILE AT WORK  The deceosed olive b. (1) (we) (did) (did)	21e. PLACI (AT HOME. S  Publish attended on nat   view the book E OR PRINT)	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19 RRM_ETC.)	216. LOCATION STREET  216. LOCATION STREET  ATTENDING PHYSICIAN  22e. ADDRESS	YES NO PINCER  RED (ENTER NATURE OF INJURY IN ITEM 1:  CITY OR TOWN  death occurred on the date and h	COUNTY  , 1987, that the courses

## FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	4	4	2	4
	REG. NO.			

- 1	) DEC	EASED NAME	FIRST		AIDDLE	LASI			2. DATE	OF DEATH		DAY YEAR	2b. HOL	10
П		ORPRINT)										DAT TEAR		
N			Verna		M.	Hau	sen		May	13,	1984		10:	20P <sub>M</sub>
	SEX	(		4 RACE		5. DATE OF			6 AGE	N YEARS LAST B	RTHDAY	IF UNDER 1 YEAR		
	"	Female		Whit	te	Таппа	ry 25.	1896	88		YRS.	MONTHS DAYS	HOURS	MIN.
d	7a. BIF	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.		_		AORE CITY		Y OF DEATH		
Z	C	OUNTRY)	TORE TOTAL			MARRIED	] NEVER N	ARRIED -						
/	-	owa		U.S.		WIDOWED		ORCED		Montgo				MD.
	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OTHER INST	ITUTION		OCCUPATORK FOR MOST		12b. KIND ( INDUSTRY	OF BUSIN	ESS OR
4	Ker	nsington			gton Gard		rsing	Home		sewife			Home	
0	USUA	AL RESIDENCE (IF NUR		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			la la la la					
5		TATE	13b. COUN		13c. CITY OR TOW		d. INSIDE CI		13e.STREE	T ADDRESS	/ ZIP COE	Court 2	20001	
4		aryland THER'S NAME	Mont	gomery	Sil. Spg		res 🚾	MAIDEN NAM	<u> </u>	Bernt	MILI	Court	20901	
1	III FA	FIRST		MIDDLE	LAST	1.		MAIDEN NAM	A/E	MIDDLE		LA	ST	
1	Ha	arvey		C.	Mann		Katie			L.		Bre	owne	
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO. 1	INFORMA	NI		ADD	ESS Ado	dress Sa	ame a	s
	No	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	336-09-0	703	Mrs. M	arleen	H. P	erret	No.	# 13e.		
			III (C-)				_						ONSET AND	RVAI
		18. CAUSE OF DEAT PART I. DEATH V			1 )/. 11		OLA	25/				BETWEEN	ONSET AND	DEATH
		1000.	IMMEDIA!	TE CAUSE (0)	Carra	lac	COV	year						
		1890		DUE TO, OI	RASA SONSEQUE	NCE OF	1							
		Conditions, if any	, which	(b)_	KANF	+6 (	ARC	INON	MA					
		gove rise to im couse (a), stati		DUE TO O	DAS A CONSTOLIS									
		underlying coust			r as a conseque	INCE OF								
		DART O OTHER CIC	A LIEUC AND T	(c)		C 4 7 1 1 B 1 17 4 1	7.051.1750							
	z	PART 2. OTHER SIG	MIFICANI	CONDITIONS CC	DNIKIBUTING TO L	JEATH BUT NO	JI KELATED	TO THE TERM	INAL DISE	ASE OR CO	NDITION G	IVEN IN PART I	0	
4	CERTIFICATION										T			
7	Q V	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATION '	WAS PERFO	RWED	20a AL	JTOPSY?		ES, WERE FIND! IFYING CAUSE:		
ĸ.	E								YES [	NOK		res 🗌	NO [	
2	W.	21a. ACCIDENT WAS UN	DERLYING	216. TIME O			It. HOW IN.	IURY OCCURR	RED (ENTER	NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)		
		OR CONTRIBUTING		CIPI 1	M. MONTH DA	AY YEAR								
	MEDICAL	21d INJURY OCCUR		21e PLACE			IL LOCATIO	N						
	ME		ние 🗀		EET, FACTORY OFFICE F.		STREET			CITY OR T	OWN	COUNTY		STATE
		AT WORK L AT WO	ORK -			0	. 0-	7:		ANT.	7			
		22a.1 certify that (I			e deceosed from_	CILIPIN	<u> </u>	, 19	, to	pus	in	. 19	that (I) (	
	1	sow the deceos above, (1) (we) (	sed olive on did) (did no	t) view the body	offer death.	4, ond	that in (my)	our) opinion o	death occu	red on the o	date and ha	out and from the	couses st	oted
		17h SIGNO-TURE		/		DE	GREE					22¢ DAT	SIGNED	
			1	A 1 A		15		HYSICIAN K	MEDICA			May	14.1	984
_		22 PHYSICIAN'S N	AMA LTYPE	Avv.	$\sim$		74 ADDRES		d partere	W Clenia	C004 [1]	1,100		JUL
	0			XI		11.	00,000,000,000			D. 1812	0.17	TATION I	20.2	
		John J. M	eredi	nø, M.D.			11020	Kemp !	MILL	Koad -	- 511.	Spgs,	Md.	
		URIAL, CREMATION	REMOVAL	23b DATE	23c. N	NAME OF CEM	ETERY OR	REMATORY		CATION		COUNTY		STATE
	· '	Cremat:	ion	May 1	5.1984 Fo	rt Lin	coln C	emeter			he		farvl	
			~	I Plead To	O D A O D A I A O				7 1/4	CHUNO	Jan and	TATE P	THE T	HIII.

Gasch's Sons F.H. P.A. Hyatts. Md. 20781

DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours ofter deat

### STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIENE

0	REG. NO.		
	KEO. 140.		

	1 - STATE REGISTRAR	DEF	CERTIFICA	ATE OF DEATH	8 AL REG. NO	. 4	23
I	1. DECEASED NAME FIRST FIRST FORE		Ha:	zard	2	MONTH DAY YEAR 5 - 2 84	1140 pm
	Female	White	5. DATE OF B	Z3 89	6. AGE (IN YEARS LAST BIRTI	YRS.	
	Menraska	16. CITIZEN OF WHAT COUNT	MARRIED [	NEVER MARRIED	Mon to	DOMERL	<b>√</b> MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU DENOT IN SUCH FACILITY, GIVE S		sota!	120 MOUNT OCCUPATION OF CONTROL ST	WORKING LIFE) INDUSTR	OF BUSINESS OR
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ITY 13c. CITY OR	E PARK Y	ES 🛛 NO 🗌	13e STREET ADDRESS /	ZIP CODE MITIMORE	20740 Ave
4	David	WIDDLE KAST	ite 15.	Tda Tda	MIDDLE,	CROW	AST
1	160 WAS DECEASED EVER IN U.S. ARA (YES) OR UNKNOWN) (15 YES, GIVE		/	DINSTON H, H	azarol !	Same as #	13 (SON)
	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	EOUENCE OF	ya fue S	ysteema	7:	DXIMATE INTERVAL IN ONSELAND DEATH
7	PART 2. OTHER SIGNIFICANT C	OSCUPE 196 CONDITION FOR WE	Corde	our wer o	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	DINGS USED
-	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR	LOCATION	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
	220 I certify that (I) this hospit	(AT HOME, STREET, FACTORY, OF	rice, FARM, ETC )	. 19 <b>6.3</b>		1984	state that (1) (we) ast
	sow the decessed affect of above, (I) (we) (mid) find point (I) (we) (mid) find point (I)	I who the body offer death.	Ne DEC	ATTENDING PHYSICIAN	MEDICAL STAFF	negr	E SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF	LENKIN	22	WHEATON	9 Stores	90 [	S
	230. BURIAL, CREMATION, REMOVAL	23b. DATE 5/7/84		oln Cemetery	Brentwoo	d P.G. N	Marylä Hd
ı	2 Francisch's S	ons Funeral H	ome. P.A.	25a DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNA	ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

etoined by the hospital TO HOSPITAL

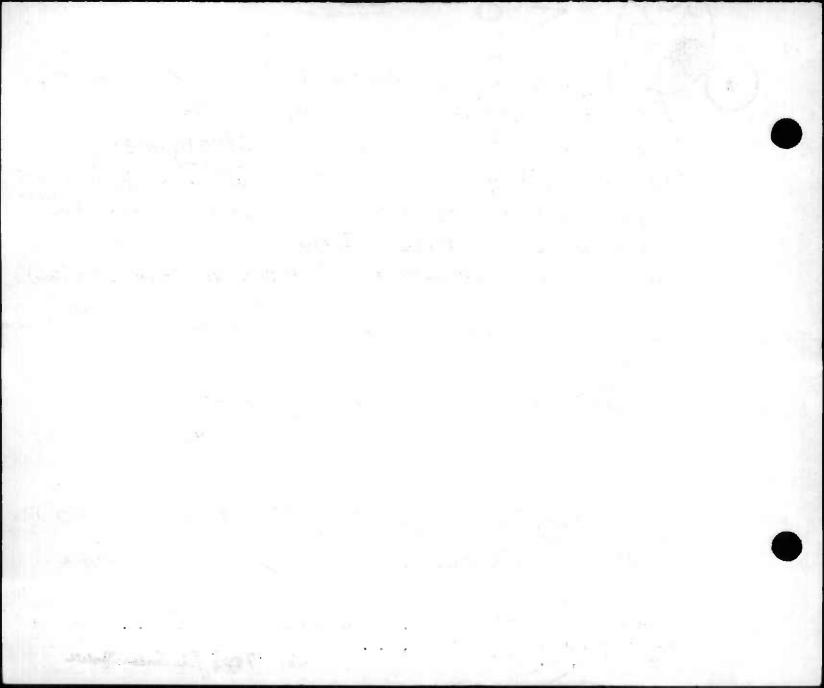
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the

ADDRESS

MAY 7084 Julia Varidson-Rondelle

Hyattsville, Md. 20781



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.
8	REG. NO.

1	REGISTRAR			CERTII	ICATE OF D	EATH	B REG. N	10.	9 1	la 61
	ECEASED NAME FIRST PE OR PRINT)		MIDDLE		LAST		20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
	CAROLI	INE	D.	H	EALY			5-	5-84	400 PN
3. S	EX	4. RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS MIN.
	Female	Caucas	ian	May	7	1915	68	YRS.		
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	R	D NEVER M	ADDIED [	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
N	ew York	II S A		WIDOW		ORCED []	Man	taomer	711	MD
	CITY OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME		TUTION	12a USUAL OCCUPAT	ION	12b. KIND (	OF BUSINESS OR
R	ockville		CHEACILITY, GIVE STREE LUNE Stre.							ity of N
U5	UAL RESIDENCE (IF NURSING HOME ( . STATE   13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		113d, INSIDE CIT	TY HAAITS?	13e.STREET ADDRESS		,	
	0 1 11	taomeru	Rockvil	_		NO 🗌	4403 Baun		-	20853
_	FATHER'S NAME			CC	15. MOTHER'S		ME	3/11/11		
	John	WIDDIE	Baker.			ilda	MIDDLE		Martel	10.
16a	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17. INFORMAN	700000	ADDI	ESS	MWGKA	
	(IF YES, C	GIVE WAR OR DATES)	060-26-	0022	Thomas	C Ho	alu Husba	nd (	Same as	12
F	18 CAUSE OF DEATH (Enter of				Tromas	C. HE	my nasua	744		XIMATE INTERVAL
П	PART I. DEATH WAS CAUS	SED BY:	Panli	186	ATIC		CANCA	D	BETWEEN	week
	1579 IMMEDI	ATE CAUSE (o)	/////	1100	7) 1/2		CITIVE			DUCCIE
	1011	DUE TO, C	or as a consequ	IENCE OF						
	Conditions, if ony, which gave rise to immediate	(p)_								
	couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQU	ENCE OF						
		(c)								
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ADITION GE	VEN IN PART 1	10,
CERTIFICATION	19g DATE OF OPERATION	19h CONE	OITION FOR WHICH	OPERATIO	N WAS DEDECTE	DAAED	20a AUTOPSY?	205 IF YE	S, WERE FINDS	INGS LISED
SF	THE DATE OF OFERALIOIS	IN. CONE	morrow wine	TOTERATIO	JIV WAS I EM ON	INC D		IN CERTI	IFYING CAUSES	S OF DEATH?
4 5	21a. ACCIDENT WAS UNDERLYING	211 THAT	OF INJURY		Tale Howelling	LIBY OCCUPI	YES NOW		ES	но 🗌
	On COLUMNIA CALLE OF O	LILOUIS A	.M. MONTH D	AY YEAR		OKT OCCOR	CD LENTER NATURE OF INJ	DRA IN LIEW 18	PART I OR PART 2)	
N N	(IF EITHER, NOTIFY MEDICAL EXAMIN		.M.	19						
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM ETC )	21f LOCATIO STREET	N	CITY OR T	OWN	COUNTY	STATE
1	AT WORK NOT WHILE AT WORK			11.11.11.11						
	22a.1 certify that (1) (this has	0/10				, 19 84			19.64	, that (I) (we) last
	saw the deceased olive of obove, (1) (we) (did (		y ofter death.	84.0	nd that in (my) (	eur) opinion	death occurred on the	date and ho	12.7	
ı	27h SIGNATURE	7)	. 1		DEGREE	TTEN ID IN IO			22c. DATE	ESIGNED
	daniel	Tosen	Hum		MDA	HYSICIAN 5	MEDICAL ST	AFF ICIAN []	3/	5/84
1	224. PHYSICIAN'S NAME (TYPE	4			22e. ADDRESS	1040	D CONNEL	nus	- AV	
	DANIEL 1	ROSEN	BLUM			KEN	SINGTON,	MI	20	895
23e	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c.	NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION			
	(SPECIFY)						CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

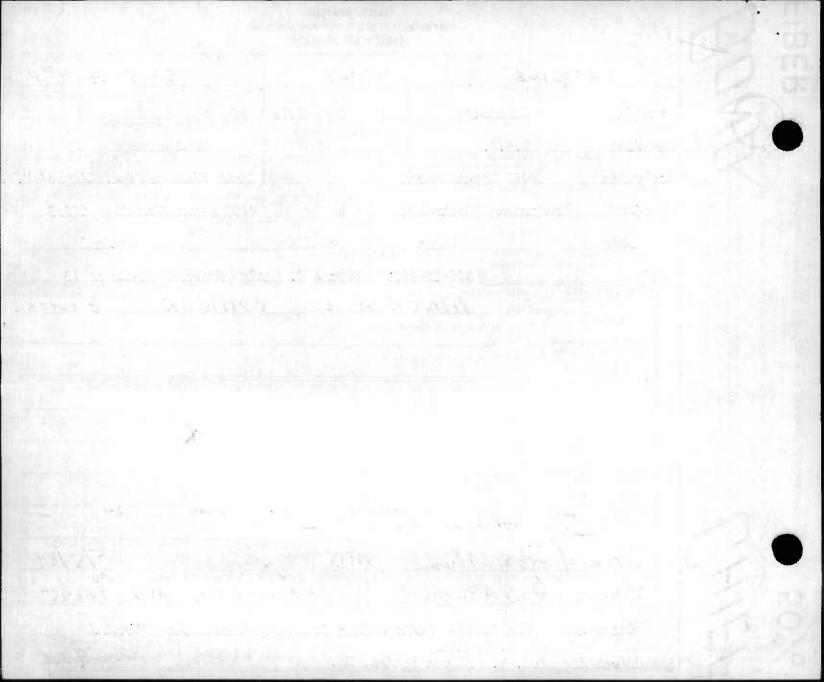
O FUNERAL DIRECTOR

Cremation May 8,1984 Metropoli
74. FUNERAL DIRECTOR Francis J. Collinguess
500 University Blvd. W. Silver Spring. Metropolitan Crematory Alexandria Virginia

250, DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

DE SURINA Md.

MAY 1 1984



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MIDDLE LAST HEARN 1984 EUGENE MAY 20. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH MONTH DAY YEAR 1924 60 FEB 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY U.S.AWIDOWED DIVORCED [

I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 3:20pm NORMAN 4 RACE 3. SEX To. BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MICHIGAN 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! EDUCATOR U.S. GOV'T ROCKVILLE GLENLEA JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1136 COUNTY 1136 CITY OR TOWN 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? GLENLEA WAY 2085 ROCKVILLE 13421 MONTG Md15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST FIRST MIDDLE MIDDLE LAST OPAL BERRY JANE LLOYD HEARN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) SAME AS ITEM 385-18-7990 WINONA HEARN wwIYESAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), apolici.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram 17 mus and that in Mily (aur) opinian death occurred an the date and hour and from the couses stated sow the deceased olive on\_ above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN THE PHYSICIANUS NAME LIVE OR PRINTS 22e ADDRESS

5-21-1984 CREMATION 24. FUNERAL DIRECTOR

23e. BURIAL, CREMATION, REMOVAL

FOR

REGISTRAR

- STATE

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burial-transit per Mental Hygiene

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23c. NAME OF CEMETERY OR CREMATORY CHAMBERS CREM.

RIVERDALE, P.G.C. quia Davidson

23d LOCATION

23b. DATE

W. W. CHAMBERS CO. INC. SILVER SPR. Md.

DHMH-16 60M 1/73 (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201		_
TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after one. Page retained by the hospital or attending physician.	un after des	Sala I
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and containery filled in twy the fugar, I defeated should be deteched for use as the burial-transit permit. Then please remove carbon papers. Paper Land 2 shorter in the deteched for use as the burial-transit permit. Then please remove carbon papers. Paper Land 2 shorter in the Median Montal Hygiene prior to burial, cremation, or removal.	d with fage	Vine cha

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

# STATE OF MARYLAND

- STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF DEATH	8 A REG. NO	o	4 1	2 6
1. DECEASED NAME (TYPE OR PRINT)	FIRST	٨	AIDDLE	Į.	AŠT	2s DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(Trice Controlled)	Viola			Heb	ron	May 4, 198	84		A
3 SEX	4 RA	CE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	
Female			ack	MONTH D	ec. 6, 1907	76	YRS	ONTHS DAYS	HOUS! MIN
COUNTRY Md.	REIGN 76 CT		WHAT COUNTRY?	MARRIE!	D NEVER MARRIED	MONTGOM		OF DEATH	ME
Rockville		name of h			st Hospital	TYPE OF WORK FOR MOST DOMES T			OF BUSINESS OR
USUAL RESIDENCE (F NURS 130 STATE Md.	NG HOME OR OTHER 13b COUNTY Montg		GIVE RESIDENCE BEFORE 13c, CITY OR TOW ROCKV11	N	136 INSIDE CITY LIMITS? YES S NO	13. SIREET ADDRESS 114 North	Stree	t	20850
14 FATHER'S NAME FIRST Richa	ard Hebr	on	LAST		IS MOTHER'S MAIDEN NAM			LAS	SI
160 WAS DECEASED EVER	IN U.S. ARMED F (IF YES, GIVE WAR C		217-30-0		Catherine Jac	ckson (Daugh		same a:	s #13
gave rise to imm	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF						Dyer.		
PART 2 OTHER SIGN  1% DATE OF OPERAT  216. ACCIDENT WAS UND	DIM	. H.	BP. C	I.H.	NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED S OF DEATH?
210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	16. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	YES NO	YES		NO D
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	ILE		OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
220.1 certify that (1) saw the decease gabove, (1) (we) (c	d olive on		19	. 01	, 19, 19	, to death occurred an the do			that (I) (we) lost causes stated
726 SIGNATURE	Soun	/-	8 r Ju	gres	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		5 DATE	SIGNED 8
276 PHYSICIAN'S NA	ME (TYPE OR POINT	15,	ANA		BO9 VIC	rs Mill A	21	Por	B

230 BURIAL, CREMATION, REMOVAL Burial

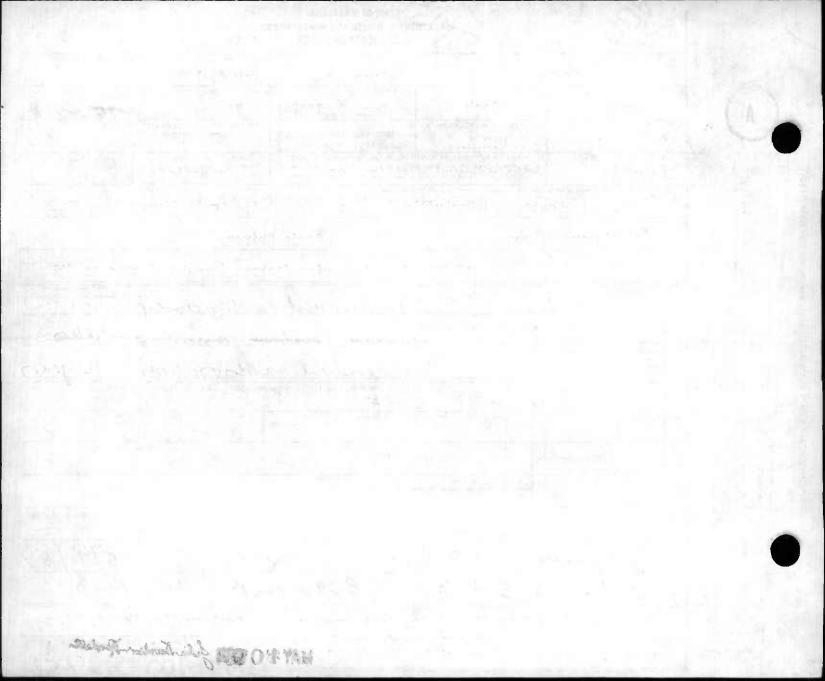
23b. DATE 5-10-84

13c NAME OF CEMETERY OR CREMATORY St. Paul Cemetery

Propresville, Montg. Md. STATE

24 FUNERAL DIRECTOR Geörge R. Snowden

246 N. Washington St. 1250 Date REC'D. By REGISTIAN 256 REGISTRAN ROCKVIIIe, Md. 20850 WAY 1.0



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	1	1	and I
Т			
- 1			
- 1			

#### STATE OF MARYLAND

FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8 4 REG. NO.	4127
1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST		DAY YEAR 26 HOUR
MYRTLE	HENRICHSEN	MAY	26.198 9.05PM
3. SEX Female 1. RACE Hat	5. DATE OF BIRTH MONTH DAY YEAR APRIL 24 1889	95 YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUPEY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery.	OF DEATH
Takoma Park. Sligo Gar	edens Nursing Home.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HUME MAKER	12b. KIND OF BUSINESS OR INDUSTRY
MD. MONT. TO		3e. STREET ADDRESS 7051 CALLOLL	AVENUE
14. FATHER'S NAM	15 MOTHER'S MAIDEN NAME BERST ELEANOR	MIDDLE	DEATS
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SI (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  12.	SCIAL SECURITY NO. 17 INFORMANT  3-241-746 JAMES J. L	ADDRESS  ONDIS 708 EL	DELBLUT DR. S
18. CAUSE OF DEATH lEnter only one couse per line to PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	cliophumay crea	Q	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIV	EN IN PART 100
Cerebro usure of Operation 196 CONDITION I	FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO

10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. 1 HO
1d INJURY OCCURRED	21e F

NOT WHILE

UR A.M. MONTH DAY YEAR P.M PLACE OF INJURY

AT HOME STREET FACTORY OFFICE, FARM ETC )

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211. LOCATION CITY OR TOWN COUNTY

2a.1 certify	the	this	hospitol	) offer	nded	the	dec	eosed	from,	
now the	deceo	Service !	ye on_		5	-	24		_19_	
apover	() ( Jeves)	did!	lid not)	rither th	ie bo	dy o	fter.	deoth.		

ATTENDING PHYSICIAN

DEGREE

STATE

DHMH - 16 50M 1/III (VRA 15, 4)

O FUNERAL DIRECTOR

APORTANT

should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, cr

ATTENDING

MEDICAL CE

ma Funeral Homo Carroll St. N.

E. . . C. White man 22 1884 - 18. And the second s Takema Park. Sign Cardens Jurian Lone. " Markey and Land ALS MENT TORON TOS TOST CICERCE PRODUCE CERTIFIC CASSINGS DAMES M - WES 241-146 Janes 3- Length 765 EVELOUS DESK The face of the second of the last The State of the Party of the Control of the Contro CONTRACTOR OF THE PROPERTY OF MKSER LEVEL SALE ON 1/2015 LUDGE Contract and the second of the second second of the man A STATE OF THE STA

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician.

BP. DHMH - 16 50M I (VRA 15, 4)

	500	11-11-11		TE OF MARYLAND			
1	FOR - STATE	12.		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE	1 4 1 9	
- 10	REGISTRAR ECEASED NAME FIRST	MIDDLE	CERTI	TICATE OF DEATH	REG. NO.	1 4 1 6	U
	PE OR PRINT)	100	- 1	CASI AND	20. DATE OF DEATH MO	5 7 84 6"	S-
3.5	EX HILDYION	11 RACE		OF BIRTH OF	6 AGE LIN YEARS LAST BIRTHD		PA
1	MALE	A	MON	H DAY Z YEAR	MI	MONTHS DAYS HOURS	MIN.
70.1	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	0 200 07	9 BALTIMORE CITY OR O	YRS COUNTY OF DEATH	
+	COUNTRY	CURA VYXX	MARRI		montgo		
7) 10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126-KIND OF BUSINE	ESS OF
1	TAKOMA PARK	WAShin	GIVE STREET ADDRESS)	montest theo	RETIRED	ORKING LIFE) INDUSTRY	
2 Us	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDE	OR TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	20011	1
	MD MONT	ARKIL S	3.5.	YES NO		WEE LANE	
HLE	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	1241	
0	Ignacio	U	cinandez	Jose	A	Lorence	is
		RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS		100
	NO	5 /	8-12-743	3 GABRIEL	A HERNANDEZ	SAME AS 13	(
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for its	ond ic	0	1	APPROXIMATE INTER BETWEEN ONSET AND	DEATH
17	4910 IMMEDIA	TE CAUSE (a)	a 10 pul	monary /	rrest		-
1	Canditions, if any, which	DUE TO, OR AS	PHICE OF	mia			
	gave rise to immediate cause (a), stating the			. 1. 9			
	underlying cause last	DUE TO, OR AS A CO	e um On i	31			
	PART 2 OTHER SIGNIFICANT			NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	10N GIVEN IN PART 110	_
o No	Disseminated	Carcinoma	of Rec	I D	1 1 7 /	ure	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT	TH3
1	AL ACCIDENT WAS UNDERWARD F	This of hilling		101	YES NO	YES NO	
	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MON	VTH DAY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM TE PART : OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJUR	19	21f LOCATION			
WE	WHILE NOT WHILE	(AT HOME STREET FACTOR		STREET	CITY OR TOWN	COUNTY 5	TATE
-	220.1 certify that (I) (this hasp	oital) arymony the decease	d from 4.11	7 10 84	5/7	10 84 that (1) (v	ua) las
	saw the deceased all and	5/7	C7 1/4	nd that in (my) (aur) apinian	death accurred on the date	and haur and from the causes sta	ated
	22b SIGNATURE	of year the begy litter dear	In.	DEGREE		22c DATE SIGNED	
	SYTO	eke	M	. D. ATTENDING	DIRECTOR   STAFF		
4	22 PHYSICIANTS HAME THE	OR FRINTS		22e ADDRESS	DIRECTOR PHYSICIAL		5
	(homas J	. Cocke,	UMD.	8580 Se	cond Ave.	#101 Silve	M
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	EMETERY OR CREMATORY	23d LOCATION	7	
	BURIAL	5/10/84		F HEAVEN	SILVER SPR		TATE MI
24 F	LINIEDAL DIRECTOR	IS J. COLLINS		25a DAT		REGISTRAR'S SIGNATURE	
5	00 UNIV BLVD. W			0901 M	AY 1 4 1984	whice Davidson-Randal	2
	TO CHELL TOTAL OF ME			V.1 -			

Carrier palmonage Private ren ipacien's Discontinued Interior of best in the new trees are 52 42 11 84 51 84 THE R. LEWIS LAND LAND SERVICE STREET

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR TYPE OR PRINTS GARY HEYL, SR May 13, 1984 GILBERT 6:02 am IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR 3. SEX HOURS Male White August 12, 1952 31 To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Louisiana U.S.A. Montgomery County, WIDOWED DIVORCED [ 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clinical Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Plumber Contractor National Institutes of USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 70062 131 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 3633 W. Louisiana State Dr Jefferson YES T NO [ Kenner 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Flores Wilhelmina Rov Hev] 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CHARLENE HEYL (SAME AS PATIENT) WIFE 433-86-6626 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I DEATH WAS CAUSED BY Bilateral Hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pneumonitis/Pericarditis Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Lymphoblastic Lymphoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES | 71a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a.1 certify that M (this hospital) attended the deceased from March 19 May May 13 19.84 saw the deceased alive on\_

and that in (aur) opinion death occurred on the date and hour and from the causes stated above, 10 (we) (did) (dix 16) View the bady ofter death 77h SIGNATURE DEGREE 22c. DATE SIGNED 13/44 ATTENDING MEDICAL STAFF

23c. NAME OF CEMETERY OR CREMATORY

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

The Clinical Center, National Insti-

23a. BURIAL, CREMATION, REMOVAL

tutes of Health, Bethesda, MD

PHYSICIAN DIRECTOR PHYSICIAN

(SPECIFY) May 16, 1984 Greenwood Cemetery Burial

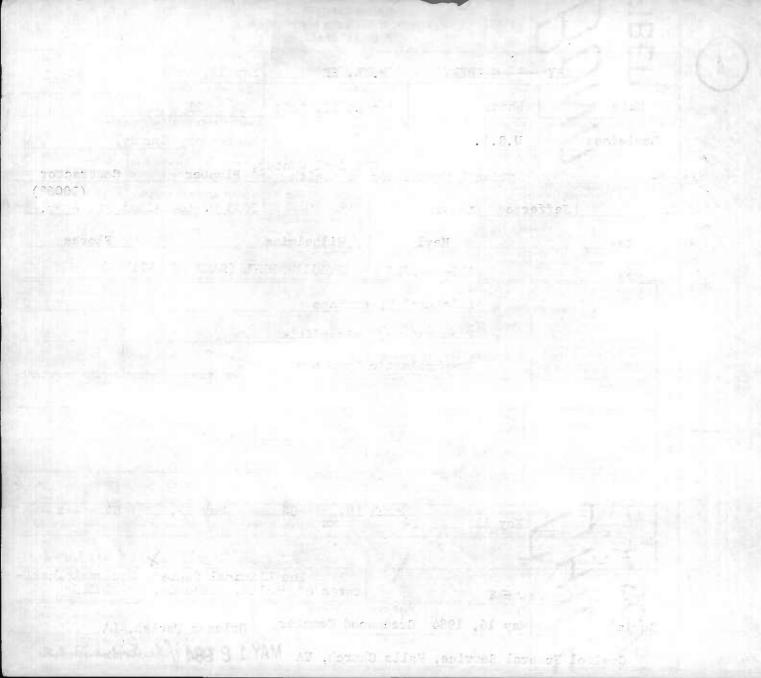
23d LOCATION COUNTY

Orleans Parish.

24. FUNERAL DIRECTOR

Capitol Funeral Service, Falls Church, VA

STATE



DHMH (VR A15 ME (5))

20M 4/82

STA	TE OF M	ARYLA	AND	
DEPARTMENT OF	HEALTH	AND !	MENTAL	HYGIENE

-		FOR STATE	DEPARTMENT	OF HEALTH AND		NE			al a
		REGISTRAR	MEDICAL EXA	MINER'S CERTIF	FICATE OF DE	ATH A REG.		5	
-1		CEASED NAME FIRST	MIDDLE	LAST		20. DATE KNOWN OF ESTI-	MONTH DA	Y YEAR	2b. HOUR
-1		ROBERT		HILL		DEATH MATED	□May 26	19 84	N
	3. SEX	4 RACE S		E (IN YEARS IF UNDER 1 YE			MONTH DA	YEAR	3 49W
	Ma]	le BLACK	3 4 18 6	/	HOURS MIN	PRONOUNCED DEAD	May 26	1984	15 "
2	70. BIF	RTHPLACE (STATE OR 7	b. CITIZEN OF WHAT COUNTRY?	11	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY O	F DEATH,	
0		LAZNG FON VA	115A	WIDOWED D	DIVORCED [	monde	LARMEN	11 CN.	11/train
9		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			SUAL OCCUPATION	TYPE OF WORK 12b.	KIND OF BU	SINESS
2	The second		(IF NOT IN SUCH FACILITY, GIVE STREET AD:  1531 Rollins Ave	•	h A	RMOST OF WORKING LIFE)	RELIEBLES	OR INDUST	0.
1	USUA 13a. ST		OTHER INSTITUTION, GIVE RESIDENCE BEFORE		E CITY LIMITS? 13e ST	TREET ADDRESS		1616	144
/	31/	95 Hington D.	C. Cita	YES 🗵		33 TSt.	. N. 31.	1200	209
17	14. FA	THER'S NAME	MIDDLE LAST	15. MOT	THER'S MAIDEN NAM	AE MIDDLE		LAST	
1	R	OBERT	MIDDLE HILL	HE	NRIE Et	1 A	14,	oma-	5
		AS DECEASED EVER IN U.S. ARME			DRMANT	ADDRI		7////	.01
3	{YE	(IF YES, GIVE W	AR OR DATES)	8-3052 4	ELEN HI	1/ (21/6	-) ann C-	549	N ETA
	=	18. CAUSE OF DEATH (Enter only		U JUJA FIR	LEN 110	NA PICIE	770001	APPROXIMATE	INTERVAL
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I	BY: They cle	().) 1-2-3-6			81	ETWEEN ONSE	AND DEATH
-		2 320 IMMEDIATE							
		3030	DUE TO, OR AS A CONSEQUE	ENCE OF					
		Canditians, if any, which gave rise to immediate	(b)						
		couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF					
		lying cause last.	(c)						
		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO GEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1 (a).				
	Z								
7	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	20	20. AUTOPSY?				
	CERTIFICATION							ves 🗖	NO FX
	E E	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121, HOWINIII	IDV OCCUIDADED ASSITE	R NATURE OF INJURY IN ITEM	18 BARY 1 OR BARY 2)	YES 🗌	NO La
2		UNDERLYING OR	HOUR A.M. MONTH DAY	YEAR THE HOW INJU	KT OCCURRED (ENTER	R NATURE OF INJURY IN HEM	1 (8 PART   OR PART 2)		
1	CA	CONTRIBUTING CAUSE OF DE		19			170		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HI STREET, FACTORY, FARM, ETC.)	OME. 211. LOCATION		CITY OR TOWN	COUNTY		STATE
	~	WHILE NOT WHILE D							
			of the remains described above, held	d an Autapsy ,	Inspection 2	Inquiry	and in my apinior		
							Tana in my apinion	,	
		deoth resulted fram: Natural	Couses X, Accident .		manage and the state of	etermined monner	٦,		
П		ACTUAL ON !!	· AXX		Deputy	-	DATE 5	5/26/1	984
		SIGNATURE //	mix 1. your	The Thomas	ME ME	DICAL EXAMINER	SIGNED_	7 40/ 1	-
1		EXAMINER'S NAME AUGUS	to P. Rodriguez	M.D. S		n Ct., Ten	nple Hill	s, Md	•
	23a.BL	JRIAL, CREMATION, REMOVAL 11	DATE 23c NAME (	OF CEMETERY OR CREMA	ATORY 23d. L	LOCATION	COUNTY		ATE
	(5	Burial	WAF 1. 84 40	OMANII 1=	mEtERIA	ANTONEL	) S	Ma 2	AIS
		JNERAL DIRECTOR	70111181	THUNG LE	250. DATE REC'D. B	BY REGISTRAR 125h RE	Eavidone Sta	ATURE	
		NAME	ADDRESS / / / C	111 -011	HUN O	1904 74			4
		OBEKE CO. 9)							

AS PER WELL Capital Colemn 1931 molling ave. Deputy 5/26/1984 5009 Rayborn Ct., s -le mille, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

11	FOR		DEPARTME		MARYLAND H AND MENTAL HYG	IENE			. ~ 1
L	- STATE REGISTRAR				TE OF DEATH	8	REG. NO.	64	131
	DECEASED NAME	liver	K.	HI	ne.	2a. DATE OF	DEATH MON		20.110011
3.	SEX	4. RACE	5	S. DATE OF BIR	TH DAY YEAR	6. AGE JINY	EARS LAST BIRTHDAY	MONTHS DA	
4	Male	***	ite 1	Dec	15 1913	70		YRS.	
4	Orcoon	76. CITIZEN OF		MARRIED X	NEVER MARRIED DIVORCED		RECITY <u>OR</u> CO	OUNTY OF DEATH	MD.
10	CITY OR TOWN OF DE		HOSPITAL, NURSING		HER INSTITUTION		CCUPATION FOR MOST OF WOR		D OF BUSINESS OR
	achville	14514	Woodcrest 1	Drive		Photog	rapher	U.S.	Navy
$\mathbb{Z}^{\mathbb{H}}$	SUAL RESIDENCE (IF NUI a. STATE	13b. COUNTY	N. GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Rockvill	₫ 13d.	INSIDE CITY LIMITS?	136. STREET A		rest Driv	ve 20853
114	FATHER'S NAME	WIDDLE	LAST	15. /	AOTHER'S MAIDEN NA		MIDDLE		LAST
1	Rollie	E.	Hine		Ruth			Hornbe	ick
/ 16	WAS DECEASED EVE	(IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURI	TY NO. 17.1	NFORMANT		ADDRESS		
	Yes	WW II	531-03-98	37 Mc	rgarete F.	Hine	Wife	Same as	13 ROXIMATE INTERVAL EEN ONSET AND DEATH
		COLUMNICANT CONDITIONS							
2	19a. DATE OF OPER.	ATION 196, CON	DITION FOR WHICH O	PERATION W	AS PERFORMED	20a. AUTO		LIF YES, WERE FIN CERTIFYING CAUS YES []	
48	CONTRACTOR OF THE PARTY AND TH	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN I	TEM 18 PART I OR PART	2)
	21d. INJURY OCCU		OF INJURY TREET, FACTORY, OFFICE, FAR/		LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		l) (this hospital) attended	4 (0)	4 ond the	t in (my) (our) opinion	death accurre	5/2 d on the date o	nd hour and from	, that (I) last the causes stated
	27k SIGNASOIG	) /e	y offer deoth.	DEGR	ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. D	ALESIGNED 184
7	Ster L	TAME (TYPE OR PRINT)	ewner		ADDRESS 9261 Ma	m/g.	Vill.	Ave-C	with.
23	BURIAL, CREMATION (SPECIFY)  BURIAL	, REMOVAL 23b. DATE			ery or crematory		TION OR TOWN	Mantagn	STATE Md
24	FUNERAL DIRECTOR	Francis J. C	ollinspress	- COOPE				REGISTRAR'S SIGN	ATURE
	500 Univers	ity Blvd. W.	Silver S	ntina	NA JUN 4	1984	700	the second section of the	

Silver Spring

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital ar attending physician.

15 1013 70 1301 Deg 40, Arrest U.S.A. Prolysing 1251 Colorest Drive Thotapharies II.S. Land iarview' cominanty factuille X 14514 (arterest thive 2.853 For E, the such that E"cratecoli Yes II 531-03-9827 cheanete T. Hire Wife care as 13 THE PARTY OF THE P Seriel Control Control of Control

Do hineralite Ein! H. Silver Sorier. M.

9th St NW: Washington, D.C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER I YEAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO D

STATE

YES [

COUNTY

22c. DATE SIGNED

1983

DHMH - 16 50M 4/B3 (VRA 15, 4)

FOR

- STATE

The second of the second of the second 984 (04) (090) James (090) 140) 140 Phar shuttings 如此为, Ang 9 

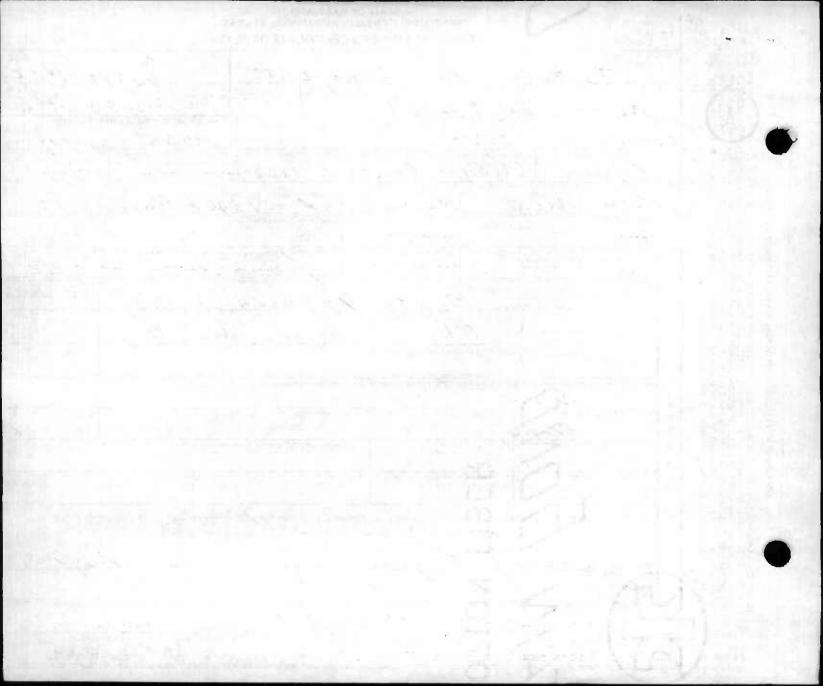
BP. DHMH - 17 (VR A15 ME (5)) 20M 4/82

OR URS

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-3	FOR STATE REGISTRAR			PEPARTMENT OF		AND MENTAL H		THE .	A			
ŀ		CEASED NAM	FIRST	******	MIDDLE	-1/ 3/	LAST	- See	20. DATE KNOW	G, ND.	MONTH	79	2 HOUR
		E OR PRINT)	Osc	ar			lolmes		OF ESTI DEATH MATE		5/11	1984	M
1	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UN	DER 1 YR. IF UNDER		2c. DATE		MONTH	DAY YEAR	24 HOUR
		ale	Black	Aug. 25, 1	1903 8DY		HS DAYS HOURS		PRONOUNCED DEAD 9. BALTIMORE C	ITV OR	5/11	1984	P. M
9	FOF	REIGN COUNTRY)	JIAIL ON	78. CHIZENOF WI	AT COUNTRY?		IED NEVER MARR	RIED		_			
		eorgia		U.S.A	4.	WIDOV	- 21		Montgo				MD.
0		rkoma F		(IF NOT IN SUCH FAC	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) LEVA AVENUE	, OR OTH	IER INSTITUTION	FOR A	JALOCCUPATION MOST OF WORKING LIF  ired La	E)		OR INDUS	
					E RESIDENCE BEFORE ADMISSI	ON)		Mec	Trea no	11101	erl	GOV.	310
5	13a S1	aryland	13b. COUN	tgomery	Takoma Pa	ark	13d. INSIDE CITY LIMITS?  YES 🙀 NO 🗌		eet address 19 Genev	a Av	renue	NOT	7/2
7	14. FA	THER'S NAM	E	MIDDLE	LAST		15 MOTHER'S MAIDE	ENNAME	WIDDLE			LAST	
0	Je	erry			Holmes		Perile	e	***************************************		A	rnett	
T	16e. W	VAS DECEASE	DEVER IN U.S. AR		166 SOCIAL SECURIT	Y NO.	17. INFORMANT		ADI	RESS	2.3.		h.D.C.
	(16	no, or unkno	OWN) (IF YES, GIVE	WAR OR DATES)	578-07-70	033	Ermajear	n Ha	rris 32	217	17t	h St.	N.E.
- [		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										APPROXIMA BETWEEN ONS	TE INTERVAL
		PARTIDEATH WAS CAUSED BY:  Acute myocardial disease.											
1	429 DUE TO, OR AS A CONSEQUENCE OF												
			ins, if any, which										
			ise to immediate  i) stating the <u>under</u>		AS A CONSEQUENCE	OF							
		lying car	use last.	(4)								- 10	
		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN PA	ART Ligit					
	NO			None									455
7	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATION	19b. CONDIT	ION FOR WHICH OPER	W MOITA	AS PERFORMED?					20 AUTOPS	Y?
$\eta$	IFIC	None										YES 🗌	NO 🛣
2	E E		AL CAUSE WAS	21b. TIME OF		21c H	OW INJURY OCCURRE	ED (ENTER N	NATURE OF INJURY IN I	IEM 18 PAI	RT 1 OR PART	2)	
2	ALC	UNDERLYING	G GOR ING CAUSE OF		MONTH DAY YEAR		lone						
	Old	21d. INJURY	OCCURRED	21e PLACE C	FINJURY (AT HOME,	21f LC	CATION						
	M	AT WORK	NOT WHILE [	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUN	ITY	STATE
		22a 1 cert	lify that I taak char	ge of the remains desc	ribed abave, held an	Autop	sy , Inspectio	on D,	Inquiry X	and	in my apin	nan	
		death result		ral causes X,		icide _	, Hamicide	Undete	ermined manner	<u> </u>			4
		SERVINA	-		7		TITLE (SPECIFY)						
		SIGNATURE	de	200	Dears	N	Deputy	MEDI	ICAL EXAMINER		DATE	5/14	/84
									nary Roa	d	0101120		
1		EXAMPLER'S CTYPE OR PRI	NAME Joh	n S. Roger	s. M.D.		ADDRESS Silve				merv	. Md.	
	23a.Bl	URIAL, CREMA		23b. DATE	23c. NAME OF CEA			[23d, LO	CATION OR TOWN		COUNT		STATE
		urial		May 19.8	4 Crestv	iev	Cem.				COUNT		orgia
	24. FL	JNERAL DIREC	CTOR			511-1	25a. DATE		REGISTRAR 256	P D	William of the	GNATURE	7
	H	unt Fi	uneral 1	Home 280	1 7th St.	N.E.	DC NAME	VIG	4007 4	wien	Davids	n-Rand	ell.
							14.5 (A		1 1204 1				

Manney Anna Sanan A STORY WASHINGTON THE STORY WASHING Acute Hy one is a storme. DEDE GRANTEN STRE Silver String, Knir attraction, Mc.



executed within 24 hours ofter deoth. Page 4 may be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	4	-	3	2.
-	REG. NO.					

REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	1 4 1	0 2	
1. DECEASED NAME (TYPE OR PRINT)	SAMUE		MIDDLE		ROWITZ	20. DATE OF D	AY 13,	, 1984	26. HOUR_	
3. SEX MALE		4. RACE WHITE		5. DATE C	RIL 75, 1895	6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAYS		
	E OR FOREIGN		WHAT COUNTRY?	AP	KIL 15, 1895		* Y N	RS. NTY OF DEATH		
RUSSIA	E OR FOREIGN	U.S.A.		WIDOWE	A-A	М	ONTGOME	RY COUNTS	M	
KENSINGTO		KENST			OR OTHER INSTITUTION NURSING HOME	120. USUAL OC	CCUPATION OR MOST OF WORKIN ATNTER		OF BUSINESS OF	
USUAL RESIDENCE (# 130. STATE MARY LAND  14. FATHER'S NAME	136 F. S. L.	TGOMERY	SILVERS	PRING	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.	10,000	DDRESS / ZIP C	WICK AVEN	NUE	
(UNASCERTA	AINABLE		(UNASCERTA			AINABLE	MISOCE	(UNASCER'I	AINABLE	
Nos DECEASED E	VER IN U.S. A	RMED FORCES?	577-48-10		MRS. HELEN P	ISNER,	1601 ARK RETHESOL	ROWOOD RO		
PART 2 OTHER	immediate toting the ouse lost.	(c)_		DEATH BUT	NOT RELATED TO THE TERM	R.	0	GIVEN IN PART 1	lio:	
190. DATE OF OP				7 0	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OCC	CAUSE OF D	EATH HOUR A. ER) P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCURI	RED (ENTERNATU	1		STATE	
WHILE NO	T WORK	(AT HOME, SII	REET, FACTORY, OFFICE FA	ARM, ETC.)	J. C.					
sow the de	eosed olive o	· ·	e deceosed from	5 Y, or	nd that in (my) (our) opinion	, lo deoth occurred	on the date and	hour and from Ih	that (we) los e couses stated	
236. SIGNATURE		Cl;	fr fing	4	DEGREE ATTENDING PHYSICIAN J	MEDICAL DURECTOR	STAFF PHYSICIAN	22c. DAT	13/54	
MOFT	SNAME (TYPE	ORPRINT) L+seh	uler h		1299- 4	10 mm	Ento S. Ive	~ Dri	ne 208.	
236 BURIAL, CREMATI	ON, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION	MAR	VIAND	

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

> BURTAL 5/14/1984

MOUNT LEBANON CEMETERY

PRINCE GEORGE'S,

DUNALDIMIOSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

250. DATE REC'D. BY REGISTRAY 151 SECTION AND ANALYSIS ANALYSIS AND AN

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4	K		
1			

FOR

New York

Fema.le TO. BIRTHPLACE (STATE OR FOREIGN

Nancy

4 RACE

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

3 SEX

ould be filed

ond 2

P

corbon popers. Poges

pleose

After this certificate has the buriof-tronsit per ond Mentol Hygiene

TO FUNERAL DIRECTOR:

ottending physicion

0 0 to burn

prior permit.

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morked

MPORTANT: If Hem should be detoched with the State Dept.

for use as to of Health o

CERTIFICATION

MEDICAL

## DEI

PARTN	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 4 REG. NO.	6	4	discharge die	3	5
	LAST	26. DATE OF DEATH MONTH	DA	Y	YEAR		
	Howell	May 25, 1984				OF BUSINI	LOPM
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)			RIYEAR		
	Oct. 1, 1928	55 YRS.		NTHS	DAYS	HOURS	MIN.
NTRY?	8. MARRIED ENEVER MARRIED	1. BALTIMORE CITY OR COUNT	OYI	F DE	ATH	7.001	
	WIDOWED DIVORCED	Montgomery					MD.
E STREET	G HOME OR OTHER INSTITUTION  Drive	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Home Maker	LIFE)	IND	USTRY		

CITY OR TOWN OF DEAT		
Bethesda	4970 Sentinel Drive	Home Make
	IG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. COUNTY 134. INSIDE CITY LIMIT	S? 13e STREET ADDRESS

B.

White

USA

76 CITIZEN OF WHAT COU

Maryland	Mont.	Bethesda	YES NO 149	970 Sentinel	Drive
14 FATHER'S NAME FIRST Harry	MIDDLE A.	Baker	15 MOTHER'S MAIDEN NAME Marietta	WIDDLE	Piewkowsky
14 - MAS DECEASED EVED	INTILS ABASED FORCESS	14h COCIAL SECURITY NO	17 INICODALANT	ADDRESS	

HE YES, GIVE WAR OR DATEST 104-22-2434 Husband - Frederock H. Howell Same as #13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Squamous cell carcinoma of lung w/metas- 21 months tases to brain, bone, & subcut. tissues Canditions, if any, which gove rise to immediate

couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Hypertension 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED N/A N/A

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED

PHYSICIAN

21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1982,0

220.1 certify that (1) (this haspital) attended the deceased from anuar saw the deceosed alive on May 17, above, (I) (we) (did) (did not) view the body after deat and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated

22e ADDRESS

22c. DATE SIGNED DEGREE ATTENDING MEDICAL

77d. PHYSICIAN'S NAME (TYPE OR PRINT)

4900 Mass. Ave., N.W., Washington, DC

Silver Spring,

PIRECTOR PHYSICIAN

CITY OR TOWN

Jerry Allison Snow, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

(SPECIFY) Burial

May 30'84 Gate of Heaven Cemetery. DeVol Funeral Home

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRARIS SIGNAM

24 FUNERAL DIRECTO

Washington, D.C.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

000

movins

Home Milton Com Home

105-22-203 Havidand - Frederick H. H. wall Come ed 113

Buri-1 Hay 30'04 Cate of Heaven Cemesers, Ediver Spring, Mont., Md. Washington, J.C. All A 18th Arabert

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO	1	4	1	3	
	NEO. IVO				To a	

1000		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	1		
		CEASED NAME OR PRINT)	FIRST Samue1		Robert		uey	20. DATE OF DEATH MONT	9, 1984	AR	7 IS M
	3. SEX	Male		4 RACE Caucasi	lan	5. DATE O	рғыктн ber 7, 18 93		YRS.	DAYS	IF UNDER 24 HRS HOURS MIN.
1	]	RIHPLACE (STATOUNTRY) [11inois		United		MARRIE	Lane terminal	Montgomery	County,		MD.
0	Ţ	ethesda		(IF NOT IN SUC Sul	urban Ho	spita	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Accountant			BUSINESS OR
1	30. S	L RESIDENCE 18	NURSING HOME OR COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Washingt	M'	13d. INSIDE ITY LIMITS?	3913 Ingamar	Street.		20015 .W.
1	I4 FĀ	THER'S NAME FIRST Wilson		middle ander	Huey		15. MOTHER'S MAIDEN NAV	Ann	Baı	rbe:	r
3		YAS DECEASED E		E WAR OR DATES)	578 50		Robert C. Hu	ey Son same	as 13e		MATE INITERVAL
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									days
2	TIPICATION	19a DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED		. IF YES, WERE F CERTIFYING CA YES []		
9	MEDICAL CERTI	(IF EITHER NOTIFY 21d. INJURY OC	CAUSE OF DE	P.	M, MONTH D	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN II)  CITY OR TOWN	COUN		STATE
		270 I certify that (I) (this hespital) averaged the deceased from 19 1, 19 1, to 10 1, 19 1, sow the deceased alive an 19 1, and that in (may) (may) opinion death occurred at the date and haur and abave, (I) (we) (did) (did not) view the bady after death.  27b. SIGNATURE  DEGREE  ATTENDING 1 MEDICAL STAFF									that (II (age) last couses stated
1		22d PHYSICIAN	I'S NAME ITYPE O	PRINTI)	11, M	y 10	PHYSICIAN E	Seorge for ,	td, Is	eti	tedam
	23o. B	URIAL, CREMAT SPECIFY Buria	ion, removal 1	12, I	Mav.		ey Cemetery	23d LOCATION CITY OR TOWN Beallsville	е Ма	ary	land.

DHMH - 16 50M 4/83 (VRA 15, 4) P.A. Bethesda, Maryland

y Beallsville

150 DATE REC'D, BY REGISTRAN A REGISTRAN

Mary Land

The state of the s Sugar of the said markety of the Comment of the same THE MERCH THIS COUNTY THE PERCHASING of one of the I no lead the formula in the ed in by the funeral director, page 3 id be filed within 72 hours after death

death. Page 4 may be

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	1	4	0.000.0	3	
			-			

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
(TYPE OR PRINT)		Lth	H	u FF	20. DATE OF DEATH	NONTH DAY	S4	26. HOUR 1230 /A M
SEX Female	4. RACEucas	sian	5. DATE O	17 1888	6. AGE (IN YEARS LAST BIRTI	YRS.		IF UNDER 24 HRS HOURS MIN.
COUNTRY OHIO		WHAT COUNTRY? States	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Montgomery			MD.
Takoma Park		HOSPITAL, NURSIN		Hospital	Homemaker of	WORKING LIFE)	MAISTER	of Business Or lome
Maryland	Hontgomery	13 STIVET	Sprin	U30. INSIDE CITY LIMITS?	15 Hilltop		0910 lver	Spring M
Albert	Edŵîń	Smľťh		15. MOTHER'S MAIDENNA Harriet	WE	7	Vergö	ħ
(YES. NO PUNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DAYES)	166. SOCIAL SECU 212-74-		A. Ed Smith	10318 Mounti Vienna, VA.	_	0	KIMATE INTERVAL ONSET AND DEATH
gove rise to imme cause (0), stofting underlying cause  PART 2. OTHER SIGNII	underlying cause lost (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CO			NOT RELATED TO THE TERM	MINAL DISEASE OF CONE	20b. IF YES, W	ERE FINDI	1 15
210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE AT WORK AT WORK	USE OF DEATH ALEXAMINER)  D 21e PLACE (AT HOME, S)		AY YEAR 19	211. HOW INJURY OCCUR	YES NO A	-	OR PART 2}	NO
22a.1 certify that (1) (1) sow the deceased above, (1) (we) (die 22b. SIGNAURE		that (I) (we) last a causes stated E SIGNED						
BERNARI)	A. FITZGE			217 UNNERSIT	1	Silven.	SPRII	4
230. BURIAL, CREMATION, R Cremation	May 2	6,1984 M	etrop	emetery or crematory olitan	23d. LOCATION Alexandr			2090/
24 FUNERAL DIRECTORRO NAME BE	bert A. Pum thesda, Mar	phrey Fun yland 20	era1 814	Homes, P.A. 250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAF	AUN-R	TURE indelle

DHMH - 16 50M 4/82

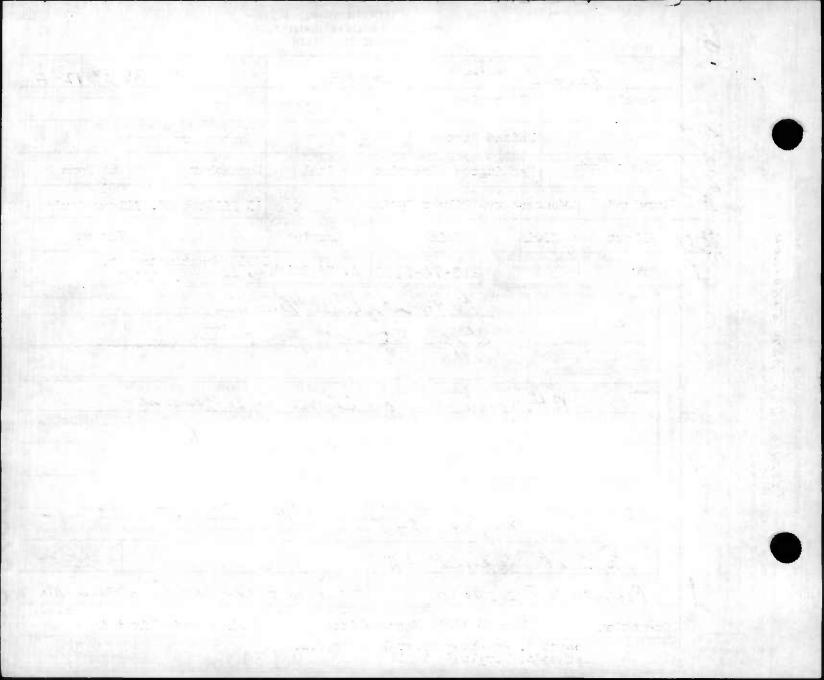
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(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remayal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendishould be detached for use as the burial-transit permit. Then please remove con

Hem. 18 sho

IMPORTANT, If Hem 21 is marked or



etely filled in by the funeral director. page 3 strength be filed within 72 hours after death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

٦.	FOR STATE REGISTRAR			DEPAR		EALTH AND	MENTAL HYO DEATH	GIENE 8	REG. NO		4	- Charles	3	7
	CEASED NAME	FIRST	ı	MIDDLE	(	AST		2a. DATE O	F DEATH "	AONTH	DAY	YEAR	26 HOU	R I
[TIPE	OR PRINT)	Lill	ie	D.	H	untt			May	30	1	984	12	: 201
3. SE	X	1	I. RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTH	(DAY)		RIYEAR	# UNDER	
	Female		White	9	MONTH 9	12	93		91	YRS.	MON1H5	DAYS	HOURS	MIN.
BIRTHPLACE (STATE OF EOREIGN		OREIGN 7	6 CITIZEN OF	WHAT COUNTRY	? 8.	MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH						
Wash.D.C.		.	USZ	A	WIDOWE		NORCED	Monte	gomer	У				MD.
	OCKVILLE	TH I	303 sur	HOSPITAL, NURS ECCLAPE ille Ni	TARO ad			(TYPE OF WO	occupation of the common of th	WORKING LI	FE) IND	KIND OF	BUSINE	SSOR
13a. S	AL RESIDENCE (IF NURS STATE d.	131 COUNT PC	OTHER INSTITUTION. TY		ORE ADMISSION)*	13d. INSIDE	NO [	13e.STREET	ADDRESS / 2 Ham	ZIP CODI	2	tre	et/	
14.84	THER'S NAME		NDDŁE	LAST		15. MOTHER	S MAIDEN NA	ME	WIDDLE			LAST		
1	William	_	.L.	Hunt	t	Alic							gh	
	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORM	ANT 12	327 B	ensons	S Ran	ch	Rd.		
N		(IF TES, GIVE	WAR OR DATES	216 46	0790	Dori	na Sc	hulz (1	Niece	) E11	ico	tt	Cit	y,Mc
NO	Conditions, if ony, gove rise to imm couse (o), storin underlying couse	nediate ig the last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEO	UENCE OF	libril Peni,	Lasi de la constante de la con	Deres MINAL DISEAS	SE OR COND	ITION GIV	G VEN IN I	ye o	in Jij	eun
CERTIFICATION	190 DATE OF OPERAT	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	DRMED	20a AUT	OPSY?	20b. IF YE IN CERTII	S, WERE	FINDIN	GS USEL OF DEAT	H?
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE	CAUSE OF DEAT	21b. TIME C HOUR A. P. 21e PLACE	M. MONTH M.	DAY YEAR	21c HOW I	VJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)		
MEC	WHILE NOT WHAT WORK	OLE []		REET, FACTORY OFFICE	FARM ETC )	STREI		2	CITY OR TOW	N	(0	YTAU	5	TATE
	220 I certify that (I) sow the decease above, (I) (we) (s 22b. SIGNATURE	ed olive on did) (did not	view the body	22 19	84.0	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	an 🗌	22	DATE S	0/8	oted 4
230		uke W	lestph	al,M.D.		809	Viers	Mill 23d LOC		Rock	vil	le,	Md	•
1			100. DAIL	100				CIT	V OR TOWN		COLIN	TW		TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

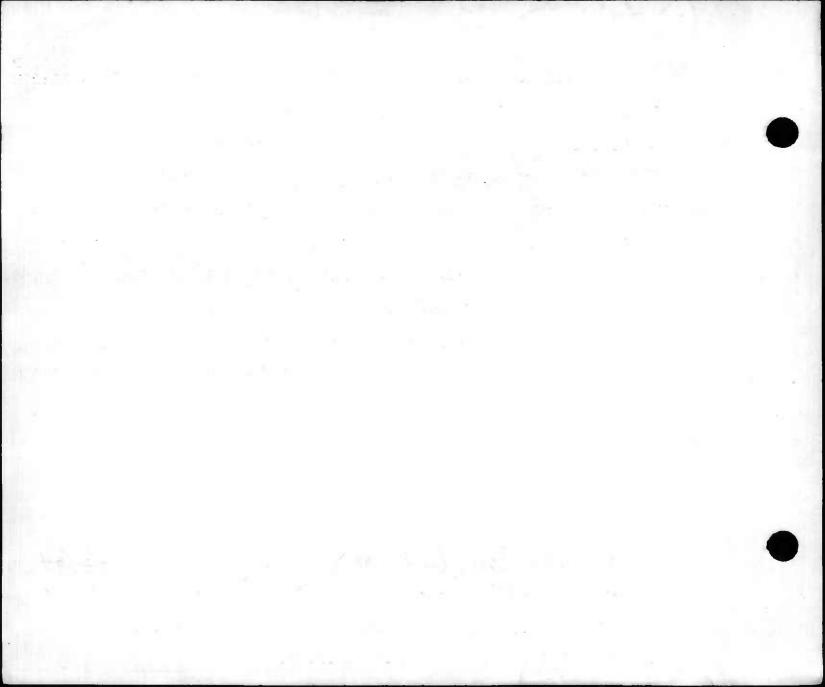
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. 18 shows

> <sup>®</sup>Burial 6/4/84 24 FUNERAL DIRECTOR
> Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. AY

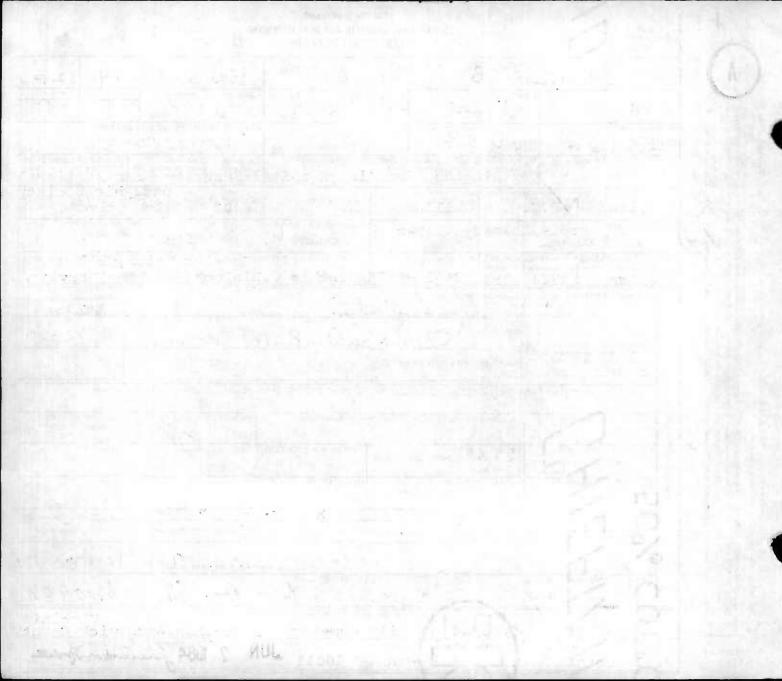
Congressional Cemetery Wash.D.C.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Tamp. Ave.S.S. Md.MAY 3 1 1984



				STATE OF MARYLAND		9 572
	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	40
		EASED NAME FIRST SAMUE	AMUEL Belf	JACKSON	May 30 5 - 30 - 84	120
	. SEX	m Male	A RACE Black	Japan 1804 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LY I	YS HOURS MIN
5	۷i	THPLACE (STATE OR FOREIGN  OUNTRY)  TGINGAS  A	USA USA	WIDOWED DIVORCED	Montgomery County	,
	T	akoma Park	Washington A	ng home or other institution  TAPPRESS)  dventist Hospit	al Security Guard	
25	JSUA Ja. S Ma	residence (if nursing home of the ryland P.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NITY G. 132 CITY OR TOV Chillu	M 136. INSIDE CITY LIMITS?	Geographic 6402 Medwick Dri	ve 0
60	4. FA	Hardie Hardie	…Talmadge J₃ac	kson Louise C		LAST
	(Y		VE WAR OR DATEST		2 Medwick Drive, Ch. Blalock (daughter)	Marylar
er troumotic event,		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQU	mi (rullain Bar	re Syrdrene 10	Clary  Clary
lury, or oth	Z	underlying couse lost.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVEN IN PAR	T 1(o)
y, or	TIFICATION	underlying couse lost.	(c)CONDITIONS CONTRIBUTING TO		VIN AL DISEASE OR CONDITION GIVEN IN PARTIES AUTOPSY?  200 AUTOPSY?  200 AUTOPSY?  200 AUTOPSY?  200 AUTOPSY?  YES UND YES VES UND YES	IDINGS USED
Is some only, or	CAL CERTIFICATION	underlying couse lost.  PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  21c HOW INJURY OCCUP	200 AUTOPSY? 200 HEYES, WERE FIN	DINGS USED SES OF DEATH? NO []
Is some only, or	MEDICAL CERTIFICATION	underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCENTIBUTING CAUSE OF DI	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUP 19 21f. LOCATION	200 AUTOPSY? 200 HEYES, WERE FIN CERTIFYING CAU	IDINGS USED SES OF DEATH? NO
Is some only, or		UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (1) (this has, say the decessed of live of say the decessed of live	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216, TIME OF INJURY HOUR A.M. MONTH D P.M.  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUP 19 21f. LOCATION STREET 19 4, and that in (my) (our) opinion	200 AUTOPSY? 200 HEYES, WERE FIN CERTIFYING CAU YES NO YES TENT NO YES TO THE PART I OR PART	JDINGS USED SES OF DEATH? NO
if item 21 is morked or item 18 sons any injury, or		UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DILIBETT OF	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216, TIME OF INJURY HOUR A.M. MONTH D P.M.  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ittol) ottended the deceosed from, and the deceosed from the deceosed	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUP 19 21f. LOCATION STREET  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 MYES, WERE FIN CERTIFYING CAU YES NO YES COUNTY  CITY OR TOWN COUNTY  1 death occurred on the date and hour and from	JDINGS USED SES OF DEATH? NO
Is some only, or		UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I Certify HOLD (I) (this hose sow the deceased clipe of obove, (I) (we) (did) (did)	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  11101) ottended the deceosed from, 11101) ottended the deceosed from, 11101 ottended the deceosed from the	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUP 19 21f. LOCATION 5TREET  19 21f. LOCATION 5TREET  DEGREE ATTENDING	200 AUTOPSY?  YES NO YES PART I OR PART  CENTER NATURE OF INJURY IN ITEM 18 PART I OR PART  CITY OR TOWN  COUNTY  death accurred on the date and hour and from  MEDICAL STAFF	JDINGS USED SES OF DEATH: NO



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Pope 4	directo found
death.	funeral thin 72
rs ofter	by the
24 hou	alled in
- inhin	mpletely tilled in by the funeral and 2 should be tiled within 72
secured	0 L 100
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certifica	ng phy banpas remov
death	offendi love cor ation, o
hat the	by the one rem
O HOSPITAL OR ATTENDING PHYSICIAN: The low-sequines that the death certificate be executed within 24 hours after death. Page 4 July 100 Miles of the control	recovery are adoption or directing payments.  TO FUNEXAL DIRECTOR: After this certificate han been signed by the attending physician and complitiely tilled in by the funeral director payments and should be detached for use as the buriol-fromit permit Then please removes contampedent. Pages I and 2 should be liked within 72 hours on the view of the state Dept. of Health and Mental Hygiens prior to buriol, cremation, or removal.
and a	ds beer permit.
AN	ficale from Hygie
HYSICI	his cert
DING	or CONTRACT DIRECTOR. After this certificate has should be detached for use as the buriol-transment with the State Dept. of Health and Mental Hygiette
ATTEN	ECTOR: d for us
AL OR	AL DIRI detoche ote Dep
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0	Short With

# STATE OF MARYLAND

- STATE REGISTRAR		CERTIF	ICATE OF D	EATH	8 4 REG. NO	D.	4	-1		
DECEASED NAME FIRST YPE OR PRINT)	MIDDLE		AST	2017	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
NATHAN		JACOB	OWIT	2.		5.1	8.84	9	AM	
SEX	4 RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24	MIN.	
Male	White		20	01	82.	YRS.		1.00%	, i.v.	
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	COUNTRY?	D NEVER A	AARRIED 🗆	9. BALTIMORE CITY O	R COUNTY	OF DEATH	1		
Poland	45A.	WIDOWE	All I	VORCED	MARYC	ANI	r. 110	NT.	MD.	
CITY OR IGWN OF DEATH		ITAL, NURSING HOME C	ROTHER INST	ITUTION	120. USUAL OCCUPATION		12b. KIND O	F BUSINES	SOR	
ILVER SPRING	HOLY C	ROS HOSI	OFTAL		Superviso			ent F	actor	
OUAL RESIDENCE (IF NURSING HOME)		ESIDENCE BEFORE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS		20	78	3	
aryland Prin	ce Ge. H	yattsville	YES 🗌	NO 🛣	8119 15	th Ave	enue	700	<u> </u>	
FATHER'S NAME	MIDDLE	LAST		FIRST	ME		LAST			
Louis		obowitz		annie			Unknor	aw w		
WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMA	NT	ADDRE	SS				
no		9 10 0870	Esther	Jacob	owitz-See #	13 abo	ove	V 16	120	
18. CAUSE OF DEATH (Enter or		ar (a), (b), and (c)	1	0.			BETWEEN C	MATE INTERV	AL EATH	
PART I. DEATH WAS CAUSE	TE CAUSE (a) Ca	anoma	01	un	1		614	10		
1021	DUE TO, OR AS	A CONSEQUENCE OF	/	6						
Conditions, if ony, which	(b)									
gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF								
underlying cause last.	(c)									
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	PITION GIV	EN IN PART 110	175		
CONGESTIV	E HETTE	T FAILU	KE,	AND	OKEMIN					
190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFO	RMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D					
					YES NO		s 🗌	NO 🗆		
21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	1 21b. TIME OF INJ	URY MONTH DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 P	ART I OR PART 2)			
( IF EITHER, NOTIFY MEDICAL EXAMINE		19	1					137		
21d. INJURY OCCURRED	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.	211. LOCATIO		CITY OR TO	WN	COUNTY	STA	TE	
AT WORK AT WORK										
220.1 certify that (1) (this hosp	10 1100	5-11	1AY	. 19 gy	to 18 MH	24	0	that (we	,	
saw the deceased alive an abave, (1) (we) (did no		death. 19_57, or	nd that in (297)	(aur) opinian	death occurred an the do	ite and hau	r and fram the	couses state	ed	
The SIGNATURE	701	1 10	DEGREE	77510000	Augmica cras		22c. DATE	SIGNED	216	
Water 7	MANX	mD		TTENDING PHYSICIAN	MEDICAL STAF		1819	HX 8	57	
22d. PHYSICIAN'S NAME (TYPE	OR PRINT	110	22e. ADDRES	S	20000			-10	12 11	
WALTER E	6-00211	411	23095	HOREY	IELV KIAV	1 91	WER	PICK	B 141	

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 th

230 BURIAL, CREMATION, REMOVAL
(SPECETY)

Cremation
24 FUNERAL DIRECTOR Ives-Pearson F. H. Falls Church, Va. 22046

May 19, 1984 Metropolitan Crematory

ADDRESS

AD

23d LOCATION
CITY OR TOWN

Alexandria ,Va.

STATE

REGISTRARISS. REGISTRAR'S SIGNATURE

The second secon single that the a company of the state of th others and the second of the s events city essentinguidant, respect of the or cold and the cold and the cold and the Canada and a state of the state of t a pure de thirty and the state Constitution of Marie Comment of the WHOLE E - OUT AND WARRANTED BUT STAN STEELE SHEWE -Wines cannon N. M. Falthe Chungh, va. conds . MAY S o 1984 . N. N. nounce Sentre.

OR		D

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	4	- man-1	4	2

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
1. DECEASED NAME FIRST	WIDDLE	CAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
(TYPE OR PRINT) ROSA	LEE	JACOBS	MAY 19, 1984	2:29 A					
3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
FEMALE	NEGRO	DEC. 13, 1921	62 YRS.	AONTHS DAYS HOURS MIN.					
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
North Carolin	na USA	WIDOWED DIVORCED	MONTGOMERY COL	JNTY, MD					
10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR					
BETHESDA	CLINICAL CENTE	ER (NIH)	(TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	INDUSTRY					
USUAL RESIDENCE (# NURSING HOME OF 13b. COU		VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1100 7TH st. NE	20002 999					
COLUMBIANE Richr	mond Beards	15. MOTHER'S MAIDEN NA Alice T	MIDDLE	LAST					
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17. INFORMANT	ADDRESS CAN	ME AS ABOVE					
(YES, NO OR UNKNOWN) (IF YES, G	578-30-	-1989 MR. HENRY	JACOBS (SON)	IE AS ABOVE					
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiogenic Shock								
gove rise to immediate cause (a), stating the underlying cause last.	cause (a), stating the underlying cause last.    DUE TO, OR AS A CONSEQUENCE OF Hypertension   Column   Column								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  Metastatic adenocarcinoma of the colon								
Metastatic add		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE						
Metastatic ad 190 DATE OF OPERATION 5/14/84 210. ACCIDENT WAS UNDERLYING	176 CONDITION FOR WHICH	TOPERATION WAS PEN ORMED	IN CERTIF	YING CAUSES OF DEATH?					
DO COLUMNIA COLO	EATH HOUR A.M. MONTH D	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)					
(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	21f LOCATION		COUNTY STATE					
WHILE NOT WHILE AL WORK	CITY OR TOWN								
22a L certify that X (this has	2201 certify that X (this haspital) attend the deceased from MAY 11, 19 84, to MAY 19, 19 84, that X (we) last								
	abay, X (wei/ded) dix X X view Ver body after death.								
John M	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
JOHN M.	SKIBBER I		NSTITUTES OF HEAL' ENTER, BETHESDA,						
23a BURIAL CREMATION, REMOVA	() 23k DATE 2 12k	NAME OF CEMETERS OF CREMATORY	THE RESERVE OF THE PARTY OF THE	Maryland.					
Burial (/./	May 24 /1984	Maryland Nat	ional Memoria	Park					

DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT, # he

TO FUNERAL DIRECTOR, After this certificate has bee

Memorial BY REGISTRANTS REGISTRANTS SIGNATUREDE

Benning Road N. 3.1 74 FUNERAL DIRECTOR Funeral Stewar Home 4001

